



## 2018-2019 SHOW PROGRAM REDEMPTION FORM

SHOW Account Number	Legal Name of Organization
Mailing Address (number & street)	Telephone Number (including area code)
City, State & Zip	Contact Person

☐ **Payment Request**

☐ **Credit Request**

Proof of Purchase Seals		
Quantity	Redemption Price	Total Dollars
	X 25¢/Proof of purchase seal (Legends® horse feed)	
	X 25¢/Proof of purchase seal (ProElite® horse feed)	
	X 25¢/Proof of purchase seal (Southern States® branded horse feed)	
Bulk Bin Delivery Invoices		
Tons	Redemption Price	Total Dollars
	X \$10/Ton (Legends® horse feed)	
	X \$10/Ton (ProElite® horse feed)	
	X \$10/Ton (Southern States® branded horse feed)	
<b>TOTAL DOLLAR CREDIT</b>		<b>\$</b>

### Key Points

- > Southern States® branded, Legends® and ProElite® horse feeds are eligible for SHOW Program credit. Proof of purchase seals may be found on the back or side of horse feed bags. ALL proof of purchase seals must be neatly bundled and counted.
- > Only original customer invoices of bulk bin delivery tickets will be accepted. Photocopies will not be credited. Bulk bin delivery tickets are only accepted from current SHOW fiscal year June 1, 2018 through May 31 2019.
- > Send redemption form and proof of purchase seals to: SHOW Program, SSC/Cargill Feed, 7200 Glen Forest Drive, Richmond, VA 23226. Your account will be credited and a confirmation with your current updated balance will be mailed to you. If you have any questions, please contact us at 888-221-8987.
- > Always include your SHOW account when you submit your proof of purchase seals and redemption form.



July 1, 2018

Dear SHOW Program Participant:

To receive funds accrued, an officer of your organization must submit a written request to the SHOW Program Administrator stating how the funds will be used. In addition, Southern States® should be mentioned as a sponsor of the event in all public information and related materials and Southern States®/Cargill® representatives should be invited to the event.

In order to expedite your request for payment, please check the "Payment Request" box on the SHOW Program Redemption Form and return the form below.

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SHOW Account Number: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dear SHOW Program Administrator:

I am requesting payment from our SHOW program account in the amount of \$\_\_\_\_\_ to be used as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Officer of Participating Organization

\_\_\_\_\_  
Date