



## SUMMER-SWEET GUARANTEE!

## **Summer-Sweet Guarantee!**

In order to send you the coupons we will need receive the following:

Name		
First Name:	Last Name:	
4.33		
Address		
City:	State:	Postal Code:
Purchase Details		
	e you purchased the product (if	not clearly shown on the receipt)
The date when you h	ought the product (if not clearly	y shown on the receipt)
The date when you o	ought the product (if not clearly	y shown on the receipt)
The amount paid for	the Del Monte® Melon (must l	be clearly shown on the receipt)
A brief explanation of	of the reason why you were not	satisfied with the product
Please mail this comp	pleted form and the original rec	reipt for the Del Monte® melon you purchased to:
Del Monte Fresh Pro	duce	
Consumer Affairs		
P.O. Box 149222		
Coral Gables, FL 33	114-9222	
Please allow up to 4	weeks to receive your coupon i	n the mail
Trease allow up to +	weeks to receive your coupon i	ii die iiidii.

For terms and conditions, please visit <a href="https://www.delmontefresh.com/summersweet">https://www.delmontefresh.com/summersweet</a>.