



Dole Packaged Foods, LLC
P.O. Box 810
Hudson, WI 54016



SAVE UP TO \$500



VALID ON PURCHASES MADE BETWEEN JANUARY 1ST - JUNE 30TH



GROWING MENU POSSIBILITIES,
YEAR-ROUND.™

CHEF-READY CUTS DO THE WORK FOR YOU!



- AVAILABLE IN 7 VARIETIES
- WASHED, CUT & READY TO USE
- PREMIUM QUALITY
- CONSISTENT TASTE
- YEAR ROUND AVAILABILITY



SIMPLY ATTACH YOUR DISTRIBUTOR INVOICES

SHOWING PROOF OF PURCHASE BETWEEN JANUARY 1ST - JUNE 30TH, 2018



QUALIFYING PRODUCTS:

- **New!** 8/30 oz. Frozen Fruit Purées
- 6/#10 DOLE Mandarins in Juice
- 36/3.2 oz. DOLE Fruitocracy®
- 50/4.8 oz. DOLE Fruitocracy®
- 48/6 oz. DOLE Pineapple Juice
- 12/46 oz. DOLE Pineapple Juice
- 6/81 oz. DOLE Tropical Gold® Pineapple Pouch
- 6/81 oz. DOLE Pineapple Tidbits Pouch
- 6/81 oz. DOLE Tropical Fruit Salad Pouch
- 6/#10 DOLE Tropical Fruit Salad
- 6/#10 DOLE Pineapple
- 12/29 oz. DOLE Pineapple Tidbits
- 36/4 oz. DOLE Fruit Bowls® in 100% Fruit Juice
- 36/4.3 oz. DOLE Fruit in Gel & Fruit Parfait
- 12/7 oz. DOLE Fruit Bowls, Fruit in Gel & Fruit Parfait
- All Sizes DOLE Fresh Frozen Fruit
- 2/5 lb. DOLE Chef-Ready Cuts

Please fill out completely to qualify for the rebate.

Establishment Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____
Dole respects your right to privacy. Contact dole.consumer.center@doleintl.com for information.

Your Name: _____ Title: _____

Purchasing Manager/Director Name: _____

Primary Distributor: _____

City: _____ State: _____

Secondary Distributor: _____

City: _____ State: _____

- Yes! Please send me E-mail updates with the latest opportunities, new product information and special offers designed specifically for my business.
- Do not send me any information via E-mail.

of cases _____ x \$1.00 per case = \$ _____

REFUND NOT TO EXCEED \$500 & MINIMUM QUALIFYING REBATE \$10.

Do you serve any of the following?

(Check all that apply)

- Alcohol Salad Bar Smoothies
- Pizza Sandwiches

How many meals/people do you serve to daily? _____

Do you have multiple units? Yes No

If yes, how many? _____

Affiliated with a group/chain? Yes No

If yes, group/chain name: _____

Segment (check one):

- | | |
|--|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Bar/Tavern |
| <input type="checkbox"/> Brewery | <input type="checkbox"/> Business/Industry |
| <input type="checkbox"/> Casual Dining | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Coffee/Donut Shop | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Daycare/Preschool | <input type="checkbox"/> Deli |
| <input type="checkbox"/> Family Dining | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Hotel/Lodging | <input type="checkbox"/> K-12 Schools |
| <input type="checkbox"/> Military | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Prison/Reform | <input type="checkbox"/> QSR |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Other: _____ |

Note: Attach a copy of your original distributor invoice(s) showing purchase between January 1st - June 30th, 2018. Minimum qualifying rebate is \$10. Maximum rebate is \$500. Requests must be postmarked no later than July 16, 2018. This offer is not valid in conjunction with any other offer or on cases offered for resale. Contract price accounts excluded. It is available to Foodservice Operators only, and only one coupon per operator will be accepted. This offer is available on purchases made from Foodservice Distributors only. Multi-units, chains or affiliated groups must participate on an individual basis with individual distributor invoice(s) showing proof of purchase of your order. Please allow six to eight weeks for delivery of your rebate. Retain a copy of your receipts and rebate form for your records. Rebate checks will be issued to company name only, not individuals.

MAIL REBATE TO: **DOLE New Products Offer, P.O. Box 810 • Hudson, WI 54016**

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For more recipes, product overviews and special offers visit
dolefoodservice.com or call **800-723-9868**

