



FREE CASE OFFER

ON FIRST TIME ORDER

VALID ON PURCHASES MADE BETWEEN JULY 1ST - DECEMBER 31ST, 2018



FRUIT BOWLS® IN 100% FRUIT JUICE -

4 oz. - Cherry Mixed Fruit, Tropical Fruit, Mixed Fruit, Diced Peaches, Mandarin Oranges, Pineapple Tidbits & Diced Pears

7 oz. - Tropical Fruit, Mixed Fruit, Sliced Peaches & Mandarin Oranges

FRUIT IN GEL -

4.3 oz. - Mandarins in Orange Gel & Peaches in Strawberry Gel

7 oz. - Mixed Fruit in Black Cherry Gel

FRUIT PARFAIT -

4.3 oz. - Peaches & Crème

- **READY-TO-EAT**
- **BETTER-FOR-YOU SNACKING CHOICES**
- **SHELF STABLE, NO REFRIGERATION REQUIRED**
- **FRUIT BOWLS® IN 100% FRUIT JUICE CONTRIBUTE ½ CUP OF FRUIT PER USDA MEAL PATTERN REQUIREMENTS**



IN 7 OZ. VARIETIES



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3 VARIETIES -

81 oz. - Tropical Fruit Salad in Fruit Juices, Pineapple Tidbits in Light Syrup & Tropical Gold® Pineapple in Extra Light Syrup



- **LESS WASTE VS. USING FRESH FRUIT**
- **CONSISTENT EVERY TIME**
- **NO CAN OPENERS, SCISSORS OR KNIVES REQUIRED**
- **ELIMINATES TIME-CONSUMING CHOPPING**



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3 VARIETIES -

4.8 oz. - Apple, Apple Banana & Apple Pineapple



- **CONTRIBUTES 1/2 CUP OF FRUIT PER THE USDA MEAL PATTERN REQUIREMENTS**
 - **NO ARTIFICIAL FLAVORS**
 - **GOOD SOURCE OF YOUR DAILY VALUE OF VITAMIN C**
 - **NON-GMO* & NATURALLY GLUTEN-FREE**
- *NO GENETICALLY MODIFIED (OR ENGINEERED) INGREDIENTS

NO MESS, NO PREP, NO NEED FOR A SPOON



ORDER 2 CASES
& YOUR SECOND IS **FREE**

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.

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

Do you serve any of the following?
(Check all that apply.)

- Pizza Sandwiches Alcohol
 Salad Bar Smoothies Desserts

Do you have multiple units? Yes No

If yes, how many? _____

Are you part of a chain/group? Yes No

If yes, chain/group name? _____

Segment (check one):

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

Price of Case(s) Purchased	=	Rebate Total
_____	=	_____
(Maximum \$50)		

**MAIL REBATE TO:
DOLE NEW PRODUCTS OFFER**
P.O. Box 810, Hudson, WI 54016

Note: Attach a copy of your original foodservice distributor invoice showing your **FIRST TIME ORDER** of 2 or more cases of qualifying DOLE® Fruitocracy® Products between July 1 – December 31st, 2018. Requests must be postmarked no later than January 16, 2019. Contract price accounts excluded. Checks payable to establishment name only. This offer is not valid in conjunction with any other offer or on cases offered for resale. It is available to Foodservice Operators on purchases made from Foodservice Distributors only. Limit one free case of DOLE Fruitocracy Products per customer location. Maximum DOLE Fruitocracy Products rebate is \$50.00. Multiple units, chains or affiliated groups must participate on an individual basis with individual distributor invoice showing proof of purchase of your first time order. "First Time Order" defined as no purchase of identical SKU in prior 12 months. Please allow 6 to 8 weeks for delivery of your rebate. Retain a copy of your receipts and rebate form for your records.

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



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(Check all that apply.)

- Pizza Sandwiches Alcohol
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Do you have multiple units? Yes No

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Are you part of a chain/group? Yes No

If yes, chain/group name? _____

Segment (check one):

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_____	=	_____
(Maximum \$50)		

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Note: Attach a copy of your original foodservice distributor invoice showing your **FIRST TIME ORDER** of 2 or more cases of qualifying DOLE Pouch Packs Products between July 1 – December 31st, 2018. Requests must be postmarked no later than January 16, 2019. Contract price accounts excluded. Checks payable to establishment name only. This offer is not valid in conjunction with any other offer or on cases offered for resale. It is available to Foodservice Operators on purchases made from Foodservice Distributors only. Limit one free case of DOLE Pouch Packs per customer location. Maximum DOLE Pouch Packs rebate is \$50.00. Multiple units, chains or affiliated groups must participate on an individual basis with individual distributor invoice showing proof of purchase of your first time order. "First Time Order" defined as no purchase of identical SKU in prior 12 months. Please allow 6 to 8 weeks for delivery of your rebate. Retain a copy of your receipts and rebate form for your records.

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

Do you serve any of the following?
(Check all that apply.)

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 Salad Bar Smoothies Desserts

Do you have multiple units? Yes No

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If yes, chain/group name? _____

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Price of Case(s) Purchased	=	Rebate Total
_____	=	_____
(Maximum \$50)		

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