



FRUIT BOWLS®

**½ CUP
OF FRUIT**

FRUIT BOWLS IN 100% FRUIT JUICE
CONTRIBUTE ½ CUP OF FRUIT PER
USDA MEAL PATTERN REQUIREMENTS.*

*Applies to Fruit Bowls® in 100% Juice only.



Free
CASE OFFER
ON FIRST TIME ORDER

Valid on purchases between **JULY 1 - DECEMBER 31, 2019**

FRUIT BOWLS IN 100% 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



POUCH PACKS

**LABOR
SAVINGS**

NO CAN OPENERS, SCISSORS
OR KNIVES REQUIRED.
ELIMINATES TIME CONSUMING
CHOPPING.



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3 SHELF STABLE POUCH VARIETIES -

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



FRUITOCRACY®

**½ CUP
OF FRUIT**

CONTRIBUTES ½ CUP OF FRUIT PER
USDA MEAL PATTERN REQUIREMENTS.

GOOD SOURCE OF DAILY VITAMIN C.



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3 VARIETIES -

4.8 oz. — Apple,
Apple Banana &
Apple Pineapple



FRUIT BOWLS®



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: _____

Primary Distributor: _____ City: _____ State: _____

Note: Attach a copy of your original foodservice distributor invoice showing your **FIRST TIME ORDER** of 2 or more cases of qualifying DOLE Fruit Bowls between July 1 – December 31, 2019. Requests must be postmarked no later than January 16, 2020. 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 Fruit Bowls per customer location. Maximum DOLE Fruit Bowls 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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For more recipes, product overviews and special offers visit dolefoodservice.com or call 800-723-9868



POUCH PACKS



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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: _____

Primary Distributor: _____ City: _____ State: _____

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 between July 1 – December 31, 2019. Requests must be postmarked no later than January 16, 2020. 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: _____

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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 Fruitocracy between July 1 – December 31, 2019. Requests must be postmarked no later than January 16, 2020. 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 per customer location. Maximum DOLE Fruitocracy 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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- ☐ 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)

- ☐ Alcohol ☐ Pizza ☐ Sandwiches
- ☐ 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? _____

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

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: _____

MAIL REBATE TO:

DOLE NEW PRODUCTS OFFER
P.O. Box 810
Hudson, WI 54016

- ☐ 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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