

CUSTOMER COUPON

VENDOR: 7508 ~ COUNTRY PURE

SIDEKICKS MENU REBATE

Effective Dates: October 1, 2024 to June 30, 2025

Submission Deadline: August 31, 2025

IFD #	MFG #	Description	Pack
22907	2009	Blue Raspberry Lemon Slushies	84/4.4 oz
22914	2015	Strawberry Mango Slushies	84/4.4 oz
22910	2014	Strawberry Kiwi Slushies	84/4.4 oz
22908	2016	Sour Cherry Lemon Slushies	84/4.4 oz

\$3.00/case

Minimum: Must menu Sidekicks 3 or more times.

Maximum: No Maximum

Offer valid for K12 foodservice operators only. Not available under bid or contract pricing. Cannot be combined with any other offer.

Tracking reports accepted.

IFD FOODSERVICE DISTRIBUTOR

<http://www.callifd.com>

313 Hastings Place | Eau Claire, WI 54703

Phone: 800.873.0131

Menu Rebate \$3 Per Case

2024-2025



- Mfr #2023 **Orange-Cream**
- Mfr #2024 **Strawberry-Cream**
- Mfr #2009 **BlueRaspberry-Lemon**
- Mfr #2015 **Strawberry-Mango**
- Mfr #2014 **Kiwi-Strawberry**
- Mfr #2016 **SourCherry-Lemon**
- Mfr #2021 **Cherry Smooth 'n Good**
- Mfr #2020 **Sunbelievable**
- Mfr #2025 **Berry Best**
- Mfr #2026 **Tropicool**



- Mfr #2022 **Eek! Orange and Cream Flavor**
- Mfr #2008 **Jolly! Frosted Berry Flavor**
- Mfr #2013 **Be Mine! Strawberry and Cream Flavor**
- Mfr #2019 **Bloom! Watermelon and Lemonade Flavor**
- Mfr #2010 **Hooray! Banana and Cherry Flavor**
- Mfr #2027 **Stars and Stripes! Cherry and Lemon Flavor**

Program Details

Qualify for a \$3/case rebate:

- Valid on cases purchased October 1, 2024 through June 30, 2025.
- Menu SideKicks 3 or more times or menu SideKicks Celebrations one time
- Submit this completed form with acceptable proof(s) of purchase: distributor summary/velocity report or invoices
- Submit multiple or year-end rebate requests **on or before August 31, 2025** deadline by email: rebates@countrypure.com.

This rebate is for SideKicks products only and cannot be combined or utilized in conjunction with discounted bid pricing, pricing discounts or other rebates.

Account Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact Name _____

Primary Contact's email _____

Menu date 1 _____ Menu date 2 _____ Menu date 3 _____

Number of cases claimed with this form _____ cases Distributor _____

