



## Retailer Questionnaire and Authorization Agreement

**IMPORTANT:**

**Coupon Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_



Please Return To:

## American Coupon Services, LLC

315 N Ken Avenue  
Springfield, Missouri 65802  
Phone 417-831-6667 • Fax 417-831-3907

### Standard Questionnaire

The purpose of this questionnaire is to provide coupon-issuing manufacturers with data on retailers who redeem coupons. All information submitted will be held strictly confidential. This coupon questionnaire must be completed and in file before payment can be issued for coupon submissions. A separate questionnaire must be prepared by each entity submitting coupons for redemption (i.e., individual store, division or company).

## I General Data

A. \_\_\_\_\_  
Name of Company/Division/Store

B. \_\_\_\_\_  
Headquarters Address

C. \_\_\_\_\_  
Address to which payment should be directed

D. \_\_\_\_\_  
Address (physical location)

E. \_\_\_\_\_ Telephone number \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

F. Type of entity:  Proprietorship  Partnership  
 Corporation  Division (attach list of addresses and telephone numbers for more than one store.)

<b>G. Entity/Entities for which coupons will be submitted:</b> <input type="checkbox"/> Single store <input type="checkbox"/> Total company <input type="checkbox"/> Division Number of stores _____ Number of stores _____	<b>H. Date Business Started</b> _____ <b>I. How did you obtain this business:</b> <input type="checkbox"/> Purchased <input type="checkbox"/> Started New <input type="checkbox"/> Merger
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J. \_\_\_\_\_  
Company Trade Name or Store Name (if different from item A)

K. \_\_\_\_\_  
Former Store Name (if applicable)

L. \_\_\_\_\_  
Business Account Bank Name \_\_\_\_\_ Location (city, state) \_\_\_\_\_

M. \_\_\_\_\_  
Tax identification or social security number

N. \_\_\_\_\_  
State of incorporation (if applicable)

<b>O. Wholesaler supplier(s) (if applicable)</b>	
<b>MAIN</b>	<b>SECONDARY</b>
Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Your Customer No. _____	Your Customer No. _____

P. Estimated Gross Annual Sales \$ \_\_\_\_\_

Q. Number of Employees \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

## II Store Data

A. Type of Store(s) (check applicable category):		Number of stores	Average selling square foot per store	Average checkouts per store	Average weekly open hours
Food Store(s):	Grocery				
	Convenience				
	Hardware				
	Tobacco/Alcohol				
Drug store(s):	Pharmacy				
	Full Line				
Discount Store					
Department Store					
Liquor Store					
Hardware Store					
Restaurant					
Military Commissary					
Pet Food Dealer/Distributor					

### P. Product categories stocked (check applicable categories)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Baby Foods                           | <input type="checkbox"/> Prepared Foods         | <input type="checkbox"/> Produce                         |
| <input type="checkbox"/> Baking Mixes and Needs               | <input type="checkbox"/> Soft Drinks            | <input type="checkbox"/> Delicatessen                    |
| <input type="checkbox"/> Candy and Gum                        | <input type="checkbox"/> Soups                  | <input type="checkbox"/> Fresh Bakery                    |
| <input type="checkbox"/> Cereals                              | <input type="checkbox"/> Sugar and Syrup        | <input type="checkbox"/> Cigarettes and Tobacco          |
| <input type="checkbox"/> Coffee, Tea and Cocoa                | <input type="checkbox"/> Household Supplies     | <input type="checkbox"/> Liquor, excluding beer and wine |
| <input type="checkbox"/> Condiments                           | <input type="checkbox"/> Paper Products         | <input type="checkbox"/> Beer                            |
| <input type="checkbox"/> Crackers and Bread Products          | <input type="checkbox"/> Pet Foods and Products | <input type="checkbox"/> Wine                            |
| <input type="checkbox"/> Diet Foods                           | <input type="checkbox"/> Soaps and Detergent    | <input type="checkbox"/> Pharmacy                        |
| <input type="checkbox"/> Canned Fish and Meat                 | <input type="checkbox"/> Health and Beauty Aids | <input type="checkbox"/> Apparel                         |
| <input type="checkbox"/> Canned Fruits and Vegetables         | <input type="checkbox"/> Dairy                  | <input type="checkbox"/> Automotive Supplies             |
| <input type="checkbox"/> Snack                                | <input type="checkbox"/> Fresh Meat             | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Salad Dressings, Mayonnaise and Oils | <input type="checkbox"/> Packaged Meat          | <input type="checkbox"/> Other General Merchandise       |
|   | <input type="checkbox"/> Frozen Foods           |  |

## III Coupon Data (For total entity submitting coupons - store, company, division)

A. Estimate of average dollar value of coupons redeemed in one week \$ \_\_\_\_\_

B. Frequency of submission of coupons (check one or insert number):

- Weekly     Monthly     Quarterly     Every \_\_\_\_\_ Weeks     Random

C. Coupons are submitted through: American Coupon Services  
315 N Ken Ave  
Springfield, MO 65802

D. Are extra-value couponing practice used (i.e. doubling or tripling coupons?)

- Never     0-15 weeks per year     15-30 weeks per year     over 30 weeks per year

I hereby certify that all information provided in this questionnaire is correct

Signed \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



## RETAIL SERVICE AUTHORIZATION AGREEMENT

Your signature on this agreement authorizes American Coupon Services, 315 N Ken Avenue Springfield, MO 65802 (ACS) to act as your agent in collecting monies due from manufacturers for cents-off coupons they issue and which are properly redeemed through your retail establishment.

This agreement is only valid if the name and address appearing on this agreement is a bonafide Retailer or the headquarters for a group of retail stores from which coupons come to ACS.

### ACS shall perform the following services:

1. Examine all coupons you submit for appearance of acceptability for processing.
2. If acceptable, sort, count, and invoice your coupons to the distributing manufacturers who have authorized ACS to act as a redemption agent. (For coupons without stated face values, ACS may adjust claimed values.)
3. Pay you for the face value of coupons invoiced plus the appropriate allowance.
4. Deduct from these payments the ACS service fee plus or minus any adjustment or manufacturer chargebacks respective to prior submissions.

### In order to receive these services, you hereby agree to:

1. Submit only those coupons which have been redeemed in my store(s) in accordance with all terms specified by the issuing manufacturer.
2. Authorize ACS to accept payment on behalf of retailer from any manufacturer or their agent for coupons which have been forwarded to ACS for processing.
3. Allow ACS to withhold a security deposit. ACS reserves the right to increase or reduce said deposit as it believes reasonably appropriate to cover manufacturers' rejections or other charges. Deposits shall remain in effect until all accounts are settled in the event of termination of this agreement.
4. Allow ACS to deduct from coupon payments such items as dues or additional service provided, as mutually agreed upon, from member stores.
5. Promptly reimburse ACS for all outstanding balances including chargebacks, reasonable attorney's fees, court costs and collection fees necessary to obtain such reimbursement plus accrued interest at national prime rate plus two percent.
6. Agree to accept ACS chargeback detail as documentation of manufacturer chargeback or rejection in place of actual physical coupon(s).
7. The exercise of jurisdiction in the Commonwealth of Missouri for any disputes arising from this agreement, which shall be governed by Missouri law.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_