



Atlantic Coupon Service

RETAILERS REDEEMING MANUFACTURER COUPONS- STANDARD

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:

I. General Data

A. NAME OF COMPANY/DIVISION/STORE

B. COMPANY/DIVISION/STORE HEADQUARTERS ADDRESS

C. ADDRESS TO WHICH PAYMENT SHOULD BE MADE

D. ADDRESS (PHYSICAL LOCATION) OF STORE(S) – ATTACH LIST FOR MORE THAN ONE STORE

E. (AREA CODE) TELEPHONE NUMBER OF STORE(S) – ATTACH LIST FOR MORE THAN ONE STORE

F. Type of entity: Proprietorship Partnership Corporation Division

NAME OF PRINCIPAL OWNERS

HOME ADDRESS

HOME PHONE NO.

G. Entity/Entities for which coupons will be submitted:

Single store Total company Number of Stores

Division Number of Stores

H. COMPANY TRADE NAME OR STORE NAME

I. DATE BUSINESS STARTED/ACQUIRED

J. How did you obtain this business? Purchased Started new Merger

K. FORMER STORE NAME (IF APPLICABLE)

L. TAX IDENTIFICATION OR SOCIAL SECURITY NUMBER

M. STATE OF INCORPATION (IF APPLICABLE)

BANK REFERENCE NAME:

BANK PHONE NO. ()

ADDRESS:

ACCOUNT NO.

N. Wholesaler Supplier(s) – (if applicable)

	MAIN	SECONDARY	SECONDARY
NAME:			
ADDRESS:			
TELEPHONE NO.:			
YOUR CUSTOMER NO.:			

O. \$ ESTIMATED GROSS ANNUAL SALES

P. Number of Employees: Part-time _____ Full-time _____

II. Store Data

A. Type of store(s) (Check applicable category):

TYPE OF STORE	NUMBER OF STORES	AVERAGE SELLING SQ. FT PER STORE	AVERAGE CHECKOUTS PER STORE	AVERAGE WEEKLY OPEN HOURS
Food Store(s): CONVENTIONAL SUPERMARKET				
COMBINATION				
WAREHOUSE				
SMALL STORE				
SPECIALTY				
CONVENIENCE				
Drug Store(s): PHARMACY				
FULL LINE				
Discount Store				
Department Store				
Liquor Store				
Hardware Store				
Restaurant				
Military Commissary				
Pet Food Dealer/Distributor				
Gasoline – Service Stations				
Other:				

B. Product categories stocked (check applicable categories)

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

Note: If this form is completed for the total company and it has different divisions, and each division differs in categories stocked, please complete this page separately for each division. Division:

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, Every _____ weeks, Monthly _____ Quarterly _____	
C. How are your coupons submitted?	
Direct to Manufacturer(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Through a clearinghouse (provide name(s) and address(es))	
D. Are extra-value couponing practices employed (i.e doubling or tripling coupons?)	
Never _____ 0-15 weeks per year _____ 15-30 weeks per year _____ Over 30 weeks per year _____	

Owners/Managers Certificate – I hereby certify that all of the information provided in this questionnaire is correct.

PLEASE PRINT NAME: _____

SIGNED BY _____

TITLE _____

DATE _____