



RETURN TO:
AMERICAN COUPON SERVICES, L.L.C.
 315 NORTH KEN AVENUE * SPRINGFIELD, MISSOURI 65802
 PHONE: 800.260.4642 * FAX: 417.831.3907
 WWW.AMERICANCOUPONSERVICES.COM

Standard Retailer 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).

Section 1: Retailer Information

Number of Stores:	Date Opened/Business Started:	How did you obtain this business? <input type="checkbox"/> Purchased <input type="checkbox"/> Started New <input type="checkbox"/> Merger		
Store Name (dba)		Previous Store Name		Gas Brand
Store Address (Physical Location)		City	State	Zip Code
Phone	Fax	Email		
Mailing Address		City	State	Zip Code

Section 2: Corporate Information (if applicable)

Corporation Name	Website (locations)			
Corporate Address		City	State	Zip Code
Phone	Fax	Email		

Section 3: Contact Information

Principal/Owner	Title	Phone	Ext	Email
Coupon Contact	Title	Phone	Ext	Email

Section 4: Store Data

Type of Entity:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Division	<input type="checkbox"/> LLC
Type of Store:	<input type="checkbox"/> Grocery	<input type="checkbox"/> Convenience	<input type="checkbox"/> Hardware	<input type="checkbox"/> Other (please specify)	
	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Tobacco/Alcohol	<input type="checkbox"/> Pet Store		
Total Number of Employees:	Store Size in Sq Feet		Number of Registers	Hours Open per Week	
Full-Time:	Part-Time:				
Federal Tax ID	Est Annual Sales excluding gas sales		Double Coupons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Shipping Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify):					

Signature required below.

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

Signature	Date
Printed Name	Title

Internal use only

ACS Store ID: _____	NCH Store ID: _____	<input type="checkbox"/> Paper	<input type="checkbox"/> Paperless (Provider: _____)
Prev ACS ID: _____	Prev NCH ID: _____	Last Ship: _____	Closed On: _____

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 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 _____

ACH AUTHORIZATION FORM

I (we) hereby authorize American Coupon Services (THE COMPANY) to initiate credits to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION). This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Financial Institution Information			
Financial Institution Name			
Branch Address	City	State	Zip

Signature Date

Store/Company Name (PLEASE PRINT) ACS Store ID

Address City State Zip

Email address

Account Information	
<i>Please attach a copy of a voided check to this form.</i>	
Checking	Savings
Financial Institution Routing Number: _____	
Account Number: _____	
These numbers are located at the bottom of your check as follows:	
⠄ 1 2 3 4 5 6 7 8 9 ⠄	⠄ 1 2 3 4 5 6 7 8 9 0 1 2 3 ⠄
Routing Number	Account Number