



## Retailer Questionnaire and Authorization Agreement

**IMPORTANT:**

Owner Information:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Phone #:

Ext.:

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

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

Coupon Contact Information:

\_\_\_\_\_  
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 (Street, City, State ZIP code)

C. \_\_\_\_\_  
Address to which payment should be directed (Street, City, State ZIP code)

D. \_\_\_\_\_  
Store address (physical location) (Street, City, State ZIP code)

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

F. Type of entity:  Proprietorship  Partnership  Corporation  Division

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

- Single store  
 Total company/division Number of stores\* \_\_\_\_\_

\* Include a list containing each store's name, physical location address, and phone number.

H. Date Business Started \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I. How did you obtain this business:

- Purchased  Started New  Merger

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

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

O. Wholesaler supplier(s) (if applicable)

MAIN	SECONDARY
Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Your Customer No. _____	Your Customer No. _____

P. Estimated Gross Annual Sales (excluding gas sales) \$ \_\_\_\_\_

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

## II Store Data

A. Type of Store(s) (check applicable category):	Number of stores	Total Square Feet	Total checkouts	Open Hours Per Week
Grocery				
Convenience				
Hardware				
Tobacco/Alcohol				
Pharmacy				
Discount Store				
Department Store				
Liquor Store				
Hardware Store				
Restaurant				
Military Commissary				
Pet Food Dealer/Distributor				

### B. 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. 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

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

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 \_\_\_\_\_

# American Coupon Services. LLC

315 N. Ken Ave  
Springfield, Missouri 65802  
Phone 417-831-6667 Fax 417-831-3907

## ACH Authorization Form

### *CREDIT/DEBIT 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.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Store/Company Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

\_\_\_\_\_  
(E-Mail Address)

Checking

Savings

Financial Institution Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆  
Routing Number Account Number