



STANDARD QUESTIONNAIRE

RETAILERS REDEEMING MANUFACTURER COUPONS

The purpose of this questionnaire is to provide coupon-issuing manufacturers with data on retailers who redeem coupons. A separate questionnaire is to be prepared by each entity submitting coupons for redemption (i.e., individual store, division or Company, as appropriate).

I. General Data				
A. Present Name of Company/Division/Store: _____				
B. Company/Division/Store Mailing Address:		STREET _____		
P.O. BOX _____	CITY _____	STATE _____	ZIP _____	
C. Address to which payments should be made:		STREET _____		
<input type="checkbox"/> Check if same as above.				
P.O. BOX _____	CITY _____	STATE _____	ZIP _____	
D. Physical location of store. (Single store operators only.) Use attachment if you operate more than one store.				
STORE NAME _____		TELEPHONE NO. _____		
STREET (NOT P.O. BOX) _____		FAX NO. _____		
CITY _____	STATE _____	ZIP _____	CIGARETTE LICENSE NO. _____	
STORE TYPE: (Enter number from Section II.A. on reverse) _____		LIQUOR LICENSE NO. _____		
		FOOD STAMP NO. _____		
E. Type of Entity: (check only one)				
Proprietorship _____		Partnership _____	Division _____	Corporation _____ (State of Inc. _____)
FULL NAME	TITLE	AGE	HOW LONG WITH STORE	IF LESS THAN 2 YEARS WHAT WAS FORMER JOB
F. Coupons will be submitted: (check only one)				
(1) By Single Store _____		(2) Total Company _____		(3) By Division _____
		How Many Stores? _____		How Many Stores? _____
G. Company trade name or store name: _____				
H. Date business started or acquired: _____			I. Former Store Name (if applicable): _____	
MO. / DAY / YR.				
J. Federal Tax I.D. or Social Security Number: _____				
K. Suppliers (Wholesale)		Secondary		
Name				
Street or P.O. Box				
City, State, Zip				
Telephone No.				
Your Customer No.				
L. Estimated Gross Annual Sales: _____			M. Number of Employees: (Full and Part-Time) _____	

II. Store Data

A. Type of Store(s) (Complete The Following):

	Number of Stores	Avg. Selling sq. ft./Store	Avg. Checkout per Store	Avg. Weekly Open Hours
1. Conventional Supermarket				
2. Combination (Super) Store				
3. Warehouse Store				
4. Small Grocery				
5. Convenience Store				
6. Pharmacy Only				
7. Department Store				
8. Liquor Store Only				
9. Hardware Store Only				
10. Restaurant Only				
11. Military Commissary				
12. Pet Food Dealer				
13. Gasoline Service Station				
14. Other (Describe)				

B. Check Applicable Product Categories Stocked:

- | | | |
|--|---|--|
| <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 Detergents | <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"/> Snacks | <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Salad Dressings, Mayonnaise and Oil | <input type="checkbox"/> Packaged Meat | <input type="checkbox"/> Other General Merch. |
| | <input type="checkbox"/> Frozen Foods | |

III. Coupon Data (Total for entity checked off in Section I.F)

A. Estimate average dollar value of weekly coupon redemptions: \$ _____

B. Coupon Submission Frequency: Weekly _____ Monthly _____ Quarterly _____

C. How are coupons submitted? Direct to Manufacturers _____ Clearinghouse _____ Wholesaler _____

Name and Address of Clearinghouse(s) (if applicable):

Name ECO

Name _____

Address 1200 Rear North Main St.

Address _____

City North Canton State OH Zip 44720

City _____ State _____ Zip _____

D. How often do you double/triple coupon:

Never _____ 0-15 wks/year _____ 15-30 wks/year _____ OVER 30 wks/year _____

Individual Responsible for Coupon Redemption:

Printed Name: _____

Title: _____

Owner/Managers Certification: I hereby certify that all of the information provided in this application is correct to the best of my knowledge.

Signed: _____

Printed Name: _____ Title: _____ Date: _____