# Redemption Application & Contract

## Join GCS and start turning your coupons into dollars!

Manufacturers issuing coupons require that GCS have on file your store information and a current redemption application and contact. GCS Shall not be responsible for any coupons until they are actually received by GCS. GCS's coupon redemption program is available only to dues-paying members of food associations.

Rev. 03/2013

**GCS**

**GROCERS COUPON SERVICE**

110 Stark Street
Manchester NH 03101
**877-669-9333**

123456

VRGA — VERMONT RETAIL & GROCERS ASSOCIATION

# Coupon Redemption Application

**Grocers Coupon Service (GCS) cannot process or pay you for coupons until this contract is completed in full, signed and dated. In signing this contract, you authorize GCS located at 110 Stark Street in Manchester, NH to act as your agent in collecting monies due from manufacturers for cents-off coupons they issued and which are properly redeemed through your retail establishment.**

- Manufacturers issuing coupons require that GCS have on file your store information and a current redemption application and contact.
- GCS shall not be responsible for any coupons until they are actually received by GCS.
- GCS's coupon redemption program is available only to dues-paying members of Food Associations.

## GENERAL DATA

a. Present name of Company/Division/Store: _____

    DBA (if different): _____

    Physical Address: _____

    Billing Address (for payments): _____

    PO Box: _____ City: _____ State: _____ Zip: _____

b. Store Owner: _____ Tele: _____

    Corp/Store Owner Address: _____

    Email address: _____

c. Store Manager: _____ Tele: _____

    Email address: _____

    Fax: _____

**Type of Business: (check one):** ☐ Proprietorship ☐ Partnership ☐ Division ☐ Corporation (State of Inc. ___ )

**Coupons will be submitted (check one):** ☐ By single store ☐ By Total Company ☐ By Division

**Date Business Started or Aquired:** ___/___/____ Former Store Name: _____

**I am a member of** the _____ Grocers Association. (must be a member of a participating food industry association)

**Federal Tax ID or Social Security Number**: _____

## Suppliers (Wholesale):

| Primary | Secondary |
|---|---|
| **Name:** | Name: |
| **Address:** | Address: |
| **City/St/Zip:** | City/St/Zip: |
| **Phone:** | Phone: |
| **Acct#:** | Acct#: |

**Estimated Gross Sales** (including gasoline): _____ Total number of gas pumps: _____

**Total Number of Employees** (including owners): _____

## STORE DATA

## Type of Store(s) (complete the following):

|  | Number of Stores | Avg. Sales/sq. ft./Store | Number of Cash Registers | Avg. Weekly Open Hours |
|---|---|---|---|---|
| **Conventional Sprmkt** |  |  |  |  |
| **Combination/Super Store** |  |  |  |  |
| **Warehouse Store** |  |  |  |  |
| **Small Grocery** |  |  |  |  |
| **Convenience Store** |  |  |  |  |
| **Gasoline Service Station** |  |  |  |  |
| **Other (Explain)** |  |  |  |  |

## STORE INVENTORY: Check ALL Categories Stocked

- [ ] Apparel
- [ ] Automotive Supplies
- [ ] Baby Food
- [ ] Baking Mixes/Needs
- [ ] Beer/Wine
- [ ] Candy/Gum
- [ ] Canned Fish/Meat
- [ ] Cereal
- [ ] Cigarettes/Tobacco
- [ ] Coffee/Tea/Cocoa
- [ ] Condiments
- [ ] Crackers/Bread Products
- [ ] Other General Merchandise _____

- [ ] Dairy
- [ ] Delicatessen
- [ ] Diet Food
- [ ] Fresh Bakery
- [ ] Fresh Meat
- [ ] Frozen Food
- [ ] Hardware
- [ ] Health/Beauty Aids
- [ ] Health Food
- [ ] Household Supplies
- [ ] Liquor (excluding beer)
- [ ] Packaged Meat

- [ ] Paper Products
- [ ] Pet Food/Products
- [ ] Pharmacy
- [ ] Prepared Foods
- [ ] Produce
- [ ] Salad Dressing/Mayo/Oil
- [ ] Snacks
- [ ] Soaps/Detergent
- [ ] Soft Drinks
- [ ] Soup
- [ ] Sugar and Syrup
- [ ] Canned Fruits/Vegetables

## COUPON DATA

**Average dollar value of weekly coupon redemptions**: Estimate $ _____

**Coupon Submission Frequency**: [ ] Weekly　　[ ] Monthly　[ ] Quarterly

**How were coupons submitted previously?**

[ ] Direct to Manufacturer　[ ] Coupon Processing Center　[ ] Wholesaler　[ ] Never Submitted

**How often do you do double/triple coupons?**

[ ] Never　　[ ] 0-15 wks/year　　[ ] 15-30 wks/year　[ ] Over 30 weeks/year

# Coupon Redemption Authorization Agreement

(Revised: August, 2012)

**GCS Shall Perform the Following Services:**
1. Randomly analyze all coupon submissions by manufacturer for suspected misredemption.
2. Send retailer confirmation for each coupon submission(s).
3. Submit all acceptable coupons for processing.
4. Distribute retailer information to any major manufacturer(s) or their representatives as needed.
5. Receive and distribute redemption payments/checks to retailers.
6. Deduct from these payments the GCS service fee plus or minus any adjustments or manufacturer charge-backs respective to prior submissions.
7. Provide necessary manufacturers charge-back information with each payment.
8. Provide professional customer service to assist all members in the coupon redemption process.

**In Order to Receive These Services, You Agree to:**
1. Submit exclusively to GCS those coupons which have been redeemed in your store(s) in accordance with all terms specified on the coupon by the issuing manufacturer. Any other submission may constitute fraud. Ship only valid, bona fide, manufacturers' coupons. We are not authorized to redeem such items as box tops, bottle caps, in-ads or offers which normally require proof of purchase (mail-in-rebates).
2. Allow GCS to withhold a security deposit as it deems necessary and reasonable from future payments to offset rejected coupons. Deposit shall remain in effect until all accounts are settled in the event of termination of this agreement.
3. **Notify GCS in case of business "sold" or "closed". If there is a change of address or ownership, a new contract must be submitted.**
4. Agree to accept GCS charge-back detail as documentation of manufacturer charge-backs or rejection in place of actual physical coupon(s).
5. Hold GCS, the Association, its Officers and Personnel harmless from any and all claims or judgments, "civil" or "criminal", resulting from any failure on your part to redeem coupons in accordance with requirements of manufacturer issuing same, including attorney fees and court costs.
6. Reimburse GCS for all outstanding balances including charge-backs.
7. Grant GCS the permission and full authority to request a consumer credit report and check credit history on your business, its proprietors and/or partners.
8. Remain a current member of the endorsing trade organization.
- As a GCS Client you agree that any amount unpaid after thirty days will be subject to interest at the rate of 18% per year (1.5% per month) until such unpaid amount is paid in full. Additionally, GCS client, will be responsible for the reasonable cost of collection of any such unpaid amounts, including collection and attorney fees.
- This agreement shall not be binding upon GCS until accepted in writing by a duly authorized representative of GCS and, upon such acceptance; it shall supersede all prior Retailer Authorization Agreements between the parties. This agreement shall be construed under the laws of NH and any suit or action brought against any party must be brought in the state or Federal Courts sitting in Hillsborough County, NH. Retailer consents to jurisdiction and venue in Hillsborough County, NH and waives any right retailer may have to file or otherwise commence any action or legal proceeding against GCS in any other place or forum.
- By execution of this agreement, the retailer does appoint and constitute GCS as its agent to receive all said payments due from manufacturers upon redemption of said coupons, and does release and discharge the paying manufacturer and or the manufacturer's agent from any and all liability by reason of making said payments to Grocers Coupon Service, 110 Stark Street, Manchester NH 03101.

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 comes to GCS. Falsifying this form may constitute fraud. If a review of the information you have provided discloses a pattern of fraudulent and/or misleading information, appropriate action will be taken.

**I am of sound mind, over 18 years of age and am in all other respects competent to make this declaration, which is given freely and voluntarily, and I have personal knowledge of the facts contained herein. I have read and accept this agreement as presented.**

SIGNATURE:_____ DATE:_____

(Owner or Corporate Officer)

**(PLEASE PRINT CLEARLY)**

NAME: _____ TITLE: _____

STORE NAME:_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

**Individual Responsible for Coupon Redemption (if different than above)**

**Printed Name**: _____ Title: _____

| FOR OFFICE USE ONLY |
|---|
| Administrator's Signature:_____Date:_____ |