

Please update your coupon contract and include in your next batch of coupons.

This will help to keep chargebacks to a minimum.

Thank you,
Grocers Coupon Service

Coupon 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. 01/2015



GCS

GROCERS COUPON SERVICE

110 Stark Street
Manchester NH 03101
877-669-9333



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

<input type="checkbox"/> Apparel	<input type="checkbox"/> Dairy	<input type="checkbox"/> Paper Products
<input type="checkbox"/> Automotive Supplies	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Pet Food/Products
<input type="checkbox"/> Baby Food	<input type="checkbox"/> Diet Food	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Baking Mixes/Needs	<input type="checkbox"/> Fresh Bakery	<input type="checkbox"/> Prepared Foods
<input type="checkbox"/> Beer/Wine	<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Produce
<input type="checkbox"/> Candy/Gum	<input type="checkbox"/> Frozen Food	<input type="checkbox"/> Salad Dressing/Mayo/Oil
<input type="checkbox"/> Canned Fish/Meat	<input type="checkbox"/> Hardware	<input type="checkbox"/> Snacks
<input type="checkbox"/> Cereal	<input type="checkbox"/> Health/Beauty Aids	<input type="checkbox"/> Soaps/Detergent
<input type="checkbox"/> Cigarettes/Tobacco	<input type="checkbox"/> Health Food	<input type="checkbox"/> Soft Drinks
<input type="checkbox"/> Coffee/Tea/Cocoa	<input type="checkbox"/> Household Supplies	<input type="checkbox"/> Soup
<input type="checkbox"/> Condiments	<input type="checkbox"/> Liquor (excluding beer)	<input type="checkbox"/> Sugar and Syrup
<input type="checkbox"/> Crackers/Bread Products	<input type="checkbox"/> Packaged Meat	<input type="checkbox"/> Canned Fruits/Vegetables
<input type="checkbox"/> Other General Merchandise _____		

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: _____