



AMERICAN COUPON SERVICES, L.L.C

Retailer Questionnaire and Authorization Agreement

IMPORTANT:

Coupon Contact Information:

First Name: _____ Last 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

4401 Meramec Bottom Road-Ste A
St. Louis, MO 63129
Phone 314-481-2117 • Fax 314-481-7354



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 City, State, Zip

C. _____
Address, City, State, Zip to which payment should be directed

D. _____
Address (physical location) City, State, Zip

E. _____ Telephone number _____ Fax _____
E-Mail _____

F. Type of entity: Proprietorship Partnership
 Corporation Division (attach list of addresses and telephone numbers for more than one store.)

G. Entity/Entities for which coupons will be submitted:
 Single store
 Total company Number of stores _____
 Division Number of stores _____

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. _____
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 \$ _____

Q. Number of Employees _____ Full-time _____ Part-time _____



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.
5. Provide insurance in accordance with the Service & Rate Schedule which the under-signed acknowledges has been received and reviewed.

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 or set forth in the Service & Rate Schedule.
2. Authorize endorsement by ACS of any checks 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.
8. Membership in the Kentucky Grocers & Convenience Store Association (KGCSA) is required to participate in this program. If annual KGCSA dues are not paid by March 1 of each year, applicants agree that ACS will deduct annual KGCSA dues from ACS coupon payments to the retailer.

Signature _____

Title _____

Print Name _____

Date _____

American Coupon Services. LLC

315 N. Ken Ave
Springfield, Missouri 65807
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 Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Checking

Savings

Financial Institution Routing Number: _____

Account Number: _____

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

⑆ 1 23456789 ⑆ 1 234567890 123 ⑆
Routing Number Account Number