



# 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	
В.	
Headquarters Address City, State, Zip	
c	
Address, City, State, Zip to which payment should be directed	
D.	
DAddress (physical location) City, State, Zip	
_	Fax
E	_ `
. Bronzieterchin Bertnerchin	E-Mail
F. Type of entity:	(attach list of addresses and telephone numbers for more than one store.)
G. Entity/Entities for which coupons will be submitted:	][
□ Single store	H. Date Business Started
☐ Single store ☐ Total company Number of stores	I. How did you obtain this business:
☐ Division Number of stores	☐ 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 N	ame
	ddress
TelephoneT	elephone
Your Customer NoYou	our Customer No
D. Entimated Grand Annual Salac \$	
P. Estimated Gross Annual Sales \$	
Q. Number of Employees Full-time	Part-time



## **II Store Data**

Your Assectation. Warking For You!

A. Type of Store(s	s) (check applicable category,	<i>'</i> ):	Number of stores	Average selling		Average checkouts	Average weekly open
Food Store(s):		I	Number of Stores	square foot per st		per store	hours
	Grocery	ŀ					
	Convenience	ŀ					
	Hardware	ŀ					
	Tobacco/Alcohol						
Drug storo(s):	Dharman						
Drug store(s):	Pharmacy Full Line	ŀ					
Discount Store			<del>                                     </del>		$\dashv$		
Discount Store Department Store	e	——					
Liquor Store					#		
Hardware Store Restaurant			<del>                                     </del>		$\dashv$		
Military Commiss							
Pet Food Dealer/	Distributor	!					
☐ Baby	es stocked (check applicab Foods ng Mixes and Needs		Prepared Foods Soft Drinks			Produce Delicatessen	
	dy and Gum		Soups		Г	Fresh Bakery	
☐ Cerea			Sugar and Syrup		_	Cigarettes and	Tobacco
_ 00.00	ee, Tea and Cocoa		Household Supplie	20		Liquor, excludin	
	diments		Paper Products	56	_	wine	g beer and
=	kers and Bread Products			aduata	_	7 Beer	
_		=					
<u> </u>	Foods		Soaps and Deterg		L	] Wine	
<u> </u>	ned Fish and Meat			y Aids	L	] Pharmacy	
	ned Fruits and Vegetables	_	,				
☐ Snac	k		Fresh Meat		L	Automotive Sup	oplies
☐ Salad	d Dressings, Mayonnaise		Packaged Meat			☐ Hardware	
and C	Dils		Frozen Foods			Other General I	Merchandise
	Data (For total entity rage dollar value of coupon bmission of coupons (che	s rede		k \$	-	•	
	□ Monthly □ Quarterly		EveryWee		≀ando	om	
C. Coupons are sub	315 N K	Ken Av	oupon Services ove Ve MO 65802	4401 M	eram	oupon Services ec Bottom Road O 63129	-Ste. A
	couponing practice used ( <i>i.</i>		ubling or tripling c	• /	⊐ o\	ver 30 weeks per	year
I hereby certify th	hat all information provided	d in thi	is questionnaire is	s 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.
- 5. Provide insurance in accordance with the Service & Rate Schedule which the undersigned 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, Missouir 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 Instit	cution)		
(Address of Financial Ins	stitution - Branch, Cit	y, State, & Zip)	
(Signature)		(Date)	
(Store Name - PLEASE I	PRINT)		
(Address - PLEASE PRI	NT)		
	NT)  Checking	□Savings	
	]Checking	□Savings	
Financial Institution Rou	Checking ting Number:	□Savings	