



# COUPON QUESTIONNAIRE

(PLEASE COMPLETE AND RETURN IMMEDIATELY)

This questionnaire must be completed and on file before payment can be issued for coupon submissions. If you have multiple stores and each store will be submitting coupons as an individual store, a separate questionnaire is required for each store.

## GENERAL DATA

A. \_\_\_\_\_  
Name of Company/Store

B. \_\_\_\_\_  
Headquarters Address

C. \_\_\_\_\_  
Address to which payment should be directed

D. \_\_\_\_\_  
Address (physical location)

E. (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Area Code & Telephone Number Area Code & Fax Number

F. Type of entity:  Proprietorship  Corporation  Partnership

G. Entity/Entities for which coupons will be submitted:  
 Single Store  
 Multiple Store Number of Stores \_\_\_\_\_  
(Attach list of addresses and telephone numbers for more than one store)

H. Date Business Started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
I. How did you obtain this business:  
 Purchased  Started New  Merger

J. Number of Employees: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

K. Estimated Gross Annual Sales \$ \_\_\_\_\_

L. \_\_\_\_\_  
Company Trade Name or Store Name (if different from Item A.)

M. \_\_\_\_\_  
Former Store Name (if applicable)

N. \_\_\_\_\_  
Federal Tax Identification Number

O. \_\_\_\_\_  
State of Incorporation (if applicable)

P. Wholesale Supplier(s)

### PRIMARY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Your Customer Number \_\_\_\_\_

### SECONDARY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Your Customer Number: \_\_\_\_\_

# STORE DATA

| A. Type of Stores                | Number of Stores | Square Footage | Number of Checkouts | Average Weekly Open Hours |
|----------------------------------|------------------|----------------|---------------------|---------------------------|
| Food Store(s): Combination Store |                  |                |                     |                           |
| Warehouse Store                  |                  |                |                     |                           |
| Conventional Supermkt.           |                  |                |                     |                           |
| Superette                        |                  |                |                     |                           |
| Specialty Store                  |                  |                |                     |                           |
| Convenience Store                |                  |                |                     |                           |
| Drug Store(s) Pharmacy           |                  |                |                     |                           |
| Full Line                        |                  |                |                     |                           |
| Discount Store                   |                  |                |                     |                           |
| Department Store                 |                  |                |                     |                           |
| Liquor Store                     |                  |                |                     |                           |
| Hardware Store                   |                  |                |                     |                           |
| Restaurant                       |                  |                |                     |                           |
| Military Commissary              |                  |                |                     |                           |
| Pet Food Dealer/Distributor      |                  |                |                     |                           |

## B. Product Categories stocked (check all applicable categories)

- |                                                      |                                                              |                                               |                                               |
|------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Baby Foods                  | <input type="checkbox"/> Snacks                              | <input type="checkbox"/> Detergent            | <input type="checkbox"/> Liquor               |
| <input type="checkbox"/> Baking Mixes and Needs      | <input type="checkbox"/> Salad Dressing, Mayonnaise and Oils | <input type="checkbox"/> Health & Beauty Care | <input type="checkbox"/> Beer                 |
| <input type="checkbox"/> Candy and Gum               | <input type="checkbox"/> Prepared Foods                      | <input type="checkbox"/> Dairy                | <input type="checkbox"/> Wine                 |
| <input type="checkbox"/> Cereals                     | <input type="checkbox"/> Soft Drinks                         | <input type="checkbox"/> Fresh Meat           | <input type="checkbox"/> Pharmacy             |
| <input type="checkbox"/> Coffee, Tea and Cocoa       | <input type="checkbox"/> Soups                               | <input type="checkbox"/> Packaged Meat        | <input type="checkbox"/> Apparel              |
| <input type="checkbox"/> Condiments                  | <input type="checkbox"/> Sugar and Syrup                     | <input type="checkbox"/> Frozen Foods         | <input type="checkbox"/> Automotive Supplies  |
| <input type="checkbox"/> Crackers and Bread Products | <input type="checkbox"/> Household Supplies                  | <input type="checkbox"/> Produce              | <input type="checkbox"/> Hardware             |
| <input type="checkbox"/> Diet Foods                  | <input type="checkbox"/> Paper Products                      | <input type="checkbox"/> Delicatessen         | <input type="checkbox"/> Other General Merch. |
| <input type="checkbox"/> Canned Fish and Meat        | <input type="checkbox"/> Pet Foods and Products              | <input type="checkbox"/> Fresh Bakery         | <input type="checkbox"/> Batteries            |
| <input type="checkbox"/> Canned Fruits and Veg.      |                                                              | <input type="checkbox"/> Cigarettes & Tobacco |                                               |

## COUPON DATA

A. Estimate of average dollar value of coupons redeemed by store in one week \$ \_\_\_\_\_

B. Frequency of submission of coupons (check one or insert number)

- Random     Weekly     Monthly     Quarterly     Every \_\_\_\_\_ Weeks

C. How are coupons submitted?

Direct to Manufacturer(s)  Yes     No    OR    Through the following:

**OFICRS**

**P.O. BOX 18716**

**OKLAHOMA CITY, OK 73154**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST ZIP \_\_\_\_\_

D. Are extra-value couponing practices used (i.e. doubling or tripling coupons)?

- Never     0-15 weeks per year     15-30 weeks per year     over 30 weeks per year

*I hereby certify that all information provided in this questionnaire is correct.*

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_