



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

| | |
|---|---|
| <p>G. Entity/Entities for which coupons will be submitted: <input type="checkbox"/> Single Store <input type="checkbox"/> Multiple Store Number of Stores _____</p> <p>(Attach list of addresses and telephone numbers for more than one store)</p> | <p>H. Date Business Started: ____ / ____ / ____</p> <p>I. How did you obtain this business: <input type="checkbox"/> Purchased <input type="checkbox"/> Started New <input type="checkbox"/> Merger</p> |
|---|---|

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>P. Wholesale Supplier(s)</p> <p>PRIMARY: Name: _____ Address: _____ City, St., Zip: _____ Phone: (____) _____ Your Customer Number _____</p> | <p>SECONDARY: Name: _____ Address: _____ City, St., Zip: _____ Phone: (____) _____ Your Customer Number: _____</p> |
|--|---|

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 _____