



RETAILERS REDEEMING MANUFACTURER COUPONS 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 on 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).

Entity requesting data (manufacturer, manufacturer's agent, clearinghouse, or association):
Redemption Processing Representatives, Inc. 18-C Main Street, PO Box 724 Blairstown, NJ 07825

Store Name: _____

Store Phone: _____

Store Fax: _____

Physical Address:		
Street		
City	State	ZIP

Mailing Address: <input type="checkbox"/> same as physical address		
Street		
City	State	ZIP

I. GENERAL DATA

A. Type of Entity:

- Proprietorship Partnership
 Corporation Division

B. Entity/ Entities for which coupons will be submitted:

- Single store
 Total Company * Number of stores _____
 Division * Number of stores _____

* If you submit for more than one store, you must provide a store list. Please include address, phone and fax for each store location.

C. Date Business Started:

____ / ____ / ____

D. How did you obtain this business?

- Purchased
 Started New
 Merger

E. _____
Company Trade Name or Store Name

F. _____
Former Store Name (if applicable)

G. _____
Tax Identification Number or Social Security Number

H. _____
State of Incorporation (if applicable)

I. Wholesale Supplier(s)

Main		
Name		
Street		
City	State	ZIP

Secondary		
Name		
Street		
City	State	ZIP

J. Estimated Gross Annual Sales (\$): _____

K. Number of Employees: _____ full-time _____ part-time _____ total

L. Manufacturers from whom you buy directly: _____

II. STORE DATA

A.	Type of Store(s)	number of stores	selling square feet	number of checkouts	open hours per week
	food store: conventional supermarket				
	combination				
	warehouse				
	small store				
	specialty				
	convenience				
	drug store: pharmacy				
	full line				
	discount store				
	department store				
	liquor store				
	hardware store				
	restaurant				
	military commissary				
	pet food dealer/ distributor				

B. Product categories stocked (check applicable categories):

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

III. COUPON DATA

A. Estimate of average dollar value of coupons redeemed in one week: \$ _____

B. Frequency of submission of coupons:

- weekly
 monthly
 quarterly
 every _____ weeks

C. How are coupons submitted?

- Direct to Manufacturer(s)
 Through a clearinghouse (provide name & address)
 Redemption Processing Representatives, Inc.
 18-C Main Street, PO Box 724
 Blairstown, NJ 07825

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."

Signature _____	Title _____
Print Name _____	Date _____