

# Clearinghouse Instructions For 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, association.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(This information must be submitted for each entity submitting coupons.)

### I. General Data

A. \_\_\_\_\_

Name of Company/Division/Store/Entity

B. \_\_\_\_\_

Headquarters Address

C. Grocers Supply Co., Inc. c/o ProLogic

Address to which payment should be directed

D. 100 South Alto Mesa, El Paso, TX 79912

Address (physical location)

E. \_\_\_\_\_

Telephone number *(attach list of address and telephone numbers for more than one store.)*

F. Type of Entity:       Proprietorship       Partnership

Corporation       Division

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. \_\_\_\_\_

Tax Identification

State of incorporation *(if applicable)*

### N. Wholesaler supplier(s) *(if applicable)*

MAIN

SECONDARY

Name Grocers Supply Co., Inc.

Name \_\_\_\_\_

Address P.O. Box 14200

Address \_\_\_\_\_

Telephone (713) 749-9332

Telephone \_\_\_\_\_

Your Customer No. \_\_\_\_\_

Your Customer No. \_\_\_\_\_

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

P. Number of Employees \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

## II. Store Data

A. Type of Store(s) <i>(check applicable category):</i>	Number of stores	Average selling square foot per store	Average checkouts per store	Average weekly open hours
<b>Food Store(s)</b> Conventional Supermarket Combination Warehouse Small Store Specialty Convenience				
<b>Drug store(s)</b> Pharmacy Full Line				
<b>Discount Store</b>				
<b>Department Store</b>				
<b>Liquor Store</b>				
<b>Hardware Store</b>				
<b>Restaurant</b>				
<b>Millitary Commissary</b>				
<b>Pet Food Dealer/Distributor</b>				

### 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, excl. beer and wine |
| <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 *(for total entity submitting coupons – store, company, division)*

- A. Estimate of average dollar value of coupons redeemed in one week \$ \_\_\_\_\_
- B. Frequency of submission of coupons: Weekly
- C. How are coupons submitted? – Through the clearinghouse  
Name: ProLogic  
Address: 100 South Alto Mesa  
City: El Paso State: TX Zip: 79912
- 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. Any false information will subject the entity above to forfeiture of money refunded.

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

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



## > COUPON QUESTIONNAIRE

Please complete and return immediately to: Inmar Redemption Assurance, 2650 Pilgrim Court, Winston-Salem, NC 27106-5238.  
Call 800.285.7602 with questions.

This coupon questionnaire must be completed and on file to ensure payment is issued properly for coupon submissions for Manufacturers represented by Carolina Manufacturer's Services, Inc. ("Inmar"). Inmar agrees it will not sell, dispose of the information provided herein, or otherwise divulge any information contained herein to anyone outside of its affiliated companies except as it relates to store verification or when it is required by law.

## > GENERAL DATA

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

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

C. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address of Retail Outlets

D. \_\_\_\_\_  
PO Box Address (\*Attach Copy of Business License\*)

E. \_\_\_\_\_  
Area Code and Telephone Number

F. Type of Entity:  Proprietorship  Partnership  Corporation  LLC \_\_\_\_\_ Company  
\_\_\_\_\_ Corporation

G. Entity/Entities for which coupons will be submitted:  
 Single Store  
 Total Company Number of Stores \_\_\_\_\_  
 Division Number of Stores \_\_\_\_\_

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

(Attach list of address and telephone numbers for more than one store)

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

K. Number of Employees \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

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

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

N. \_\_\_\_\_ OR \_\_\_\_\_  
Federal Tax Identification Social Security Number (if applicable)

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

P. Wholesale supplier(s)  
MAIN SECONDARY  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
Your Customer No. \_\_\_\_\_ Your Customer No. \_\_\_\_\_

PLEASE COMPLETE OTHER SIDE

## > STORE DATA

A. Type of Store(s)		NUMBER OF STORES	SQUARE FOOTAGE	NO. CASH REGISTERS	AVERAGE WEEKLY OPEN HOURS
Food Store (s):	Conventional Supermarket				
	Warehouse				
	Small Store				
	Convenience				
Drug Store(s):	Pharmacy				
	Full Line				
Department Store					
Discount Store					
Hardware Store					
Health Food/Natural Food Store					
Internet					
Liquor Store					
Pet Store/Pet Supplies					
Restaurant					
Tobacco Store					
Other					

### B. Product Categories Stocked (check applicable categories)

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

## > COUPON DATA (For total entity submitting coupons - store, company, division)

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

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

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

C. How are coupons submitted?      Direct to Manufacturer(s)     Yes     No

Through a clearinghouse? (provide name[s] and address[es])

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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. Please sign below.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

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

Falsifying this form may constitute fraud. If a review of the information you have provided disclosed a pattern of fraudulent and/or misleading information, the file will be referred to the proper law enforcement authorities for consideration of prosecutive action.



155 Pfingsten Road, Suite 200  
Deerfield, Illinois 60015  
(800) 833-7096

October 18, 2011

**Retailer Redeeming Manufacturer Coupons – Standard Tax Identification Number Form**

NCH Marketing Services, Inc. is a coupon redemption agent that represents numerous manufacturers. Our Records show you have submitted coupons for the following manufacturers.

With the redemption of each coupon, the manufacturer pays you (the retailer) a handling fee above the face value amount. Federal law requires NCH to report this handling fee on an annual basis to you and the IRS via form 1099. We cannot reimburse you for your coupon shipments until we have your federal tax identification number on file. Therefore, **this form must be completed, signed, and on file before payment can be issued.**

The store is located at:

The mailing address for checks is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Check **one** business type:

- Corporation/LLC
- Individual/Proprietorship
- Government
- Partnership

B. Complete **one**: (Please note: Federal Tax ID is mandatory if business is a corporation)

Federal Tax Identification #: \_\_\_\_\_ -- \_\_\_\_\_

Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

C. Print name: \_\_\_\_\_

D. **Signature(must be signed to be valid):** \_\_\_\_\_ **Date:** \_\_\_\_\_

E. Date business started or acquired: \_\_\_\_\_

F. Name of owner(s): \_\_\_\_\_

G. The corporate name affiliated with my store(s): \_\_\_\_\_

H. Company trade name or store name: \_\_\_\_\_

I. Former store name (if applicable): \_\_\_\_\_

J. I am the owner of \_\_\_\_\_ number of stores.

K. Coupon submissions from my stores are submitted:  Separately  Together

**If more than one store, please submit a list of stores with physical address and date of ownership.**



155 Pfingsten Road, Suite 200  
Deerfield, Illinois 60015  
(800) 833-7096

L. How would you identify your business?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Newsstand                | <input type="checkbox"/> General mercantile     | <input type="checkbox"/> Pet Sply/Vet/Kennel    |
| <input type="checkbox"/> Gift/Novelty             | <input type="checkbox"/> Warehouse Club         | <input type="checkbox"/> Agriculture/Farm Sply  |
| <input type="checkbox"/> Candy/Bakery             | <input type="checkbox"/> Restaurant/Bar         | <input type="checkbox"/> Sport/Hobby/Toy Store  |
| <input type="checkbox"/> Convenience Store        | <input type="checkbox"/> Liquor/Beverage        | <input type="checkbox"/> Home Improvement/Grdn  |
| <input type="checkbox"/> Deli/Meat/Fish/Seafood   | <input type="checkbox"/> Tobacco Products       | <input type="checkbox"/> Photo/Film Equip       |
| <input type="checkbox"/> Grocery Store            | <input type="checkbox"/> Small Drug/Phcy/Sundry | <input type="checkbox"/> Video/Electronics      |
| <input type="checkbox"/> Medium Supermarket       | <input type="checkbox"/> Medium Drug Store      | <input type="checkbox"/> Stationery/Office/Book |
| <input type="checkbox"/> Large Supermarket        | <input type="checkbox"/> Large Drug/Phcy        | <input type="checkbox"/> Auto Supply/Repair     |
| <input type="checkbox"/> Chain Grocer/Supermarket | <input type="checkbox"/> Health Food Store      | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Varsity/Discount         | <input type="checkbox"/> Medical/Health Sply    |   |
| <input type="checkbox"/> Department Store         | <input type="checkbox"/> Beauty Supply          |   |

I certify that all of the information provided on this form is complete and correct.

**Print Name:** \_\_\_\_\_ **Sign and Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

RETURNING THIS FORM VIA FAX WILL ENSURE THE QUICKEST HANDLING OF YOUR COUPONS SUBMISSIONS.  
FAX TO: (847) 267 - 8758