



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"/> Baking Mixes and Needs | <input type="checkbox"/> Salad Dressing, Mayonnaise and Oils | <input type="checkbox"/> Health & Beauty Care | <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 Merch. |
| <input type="checkbox"/> Canned Fruits and Veg. | | <input type="checkbox"/> Cigarettes & Tobacco | <input type="checkbox"/> Batteries |

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:

ICS

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 _____