

## ➤ COUPON QUESTIONNAIRE

Please complete promptly and mail to ACS P.O. Box 1228 Denville NJ 07834 or email both pages to: [verify@atlanticcoupon.com](mailto:verify@atlanticcoupon.com). This Coupon Questionnaire must be completed to ensure payment is expedited to you for all properly redeemed coupons. *The purpose is to allow coupon-issuing manufacturers to verify you as a bona fide Retailer.* All information submitted will be used for this purpose only and will be held strictly confidential. For assistance call 1.800.223.0398.

## ➤ GENERAL DATA

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

B. \_\_\_\_\_  
Headquarter's Address

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

D. \_\_\_\_\_  
Store Area Code and Telephone Number

E. \_\_\_\_\_  
Owner's Cell Area Code and Telephone Number                      Owner's/Company Email Address

F. Type of Entity     Proprietorship     Partnership     Corporation     LLC

G. How will your coupons be submitted:

Single Store

\*  Total Company  
Number of Stores \_\_\_\_\_

H. Date of Ownership \_\_\_\_\_  
Owner's Name \_\_\_\_\_

I. How did you obtain this business:

Purchased                       Started New

**\* If you submit all your stores through this one address a store list is required that includes the store name, address and telephone number for each location.**



**J. Estimated sales volume excluding gas sales.**

Annual/Yearly \$ \_\_\_\_\_

or

Monthly \$ \_\_\_\_\_

**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.** \_\_\_\_\_  
**Federal Tax Identification**

**▶ STORE DATA**

A. Type of Store(s)	NUMBER OF STORES	SQUARE FOOTAGE	NUMBER OF CASH REGISTERS	AVERAGE WEEKLY OPEN HOURS
Conventional Supermarket				
Small Store				
Convenience				
Drug Store				
Department Store				
Discount Store				
Feed Store				
Hardware Store				
Health Food/Natural Food Store				
Internet				
Liquor Store				
Pet Store/Pet Supplies				
Restaurant				
Tobacco Store				
Other				

Signature required below. I hereby certify that all information provided on this Questionnaire is correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
MONTH / DATE / YEAR

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