



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): |
| Mandlik & Rhodes Information Services 117 East Main Street, PO Box 249 Barrington, IL 60010 |

Store Name: _____

Phone: _____

Contact Name: _____

Fax: _____

email: _____

(please provide an active address - we will be contacting you by email!)

| | | |
|--------------------------|-------|-----|
| Physical Address: | | |
| | | |
| Street | | |
| | State | ZIP |

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

| | | |
|------------------|-------|-----|
| Secondary | | |
| | | |
| Name | | |
| | | |
| Street | | |
| | 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)
 Mandlik & Rhodes Information Services

 117 East Main Street, PO Box 249

 Barrington, IL 60010

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 _____ |