

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 filled out completely and on file before payment can be issued for coupon submissions. A separate questionnaire must be prepared for each entity submitting coupons for redemptions (i.e. individual store, division, or company).

Return completed Questionnaire to:

RETAIL MARKETING SERVICES
PROCTER & GAMBLE
2150 SUNNYBROOK DR.
CINCINNATI OH 45237
FAX (866) 351-4274

Make any necessary corrections to Name/Address or fill in info below.
All PO Boxes must include Physical Address

Address _____

City _____ State _____

Email _____

Zip _____ Phone _____

Fax _____

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 _____

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 or social security number

H. _____
State of incorporation (if applicable)

I. Wholesale supplier(s) (if applicable)

MAIN	
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____
Your Customer No. _____	Your Customer No. _____

J. Estimated Gross Annual Sales \$ _____

K. Number of Employees _____ Full Time _____ Part Time _____

COMPLETE NEXT PAGE

STORE DATA

** At least one of these 2 fields must be filled out for questionnaire to be valid

A. Type of Store(s) Check applicable category: Choose a row	Number of stores	Average selling sq. ft. per store **	Average # registers per store **	Average weekly open hours
Conventional Supermarket				
Convenience				
Warehouse				
Small Store				
Drug store				
Pharmacy				
Full Line Pharmacy				
Wholesaler				
Discount Store				
Mass Merchandise				
Liquor Store				
Hardware Store				
Gas Station/Convenience				
Military Commissary				
Pet Store				
Specialty Store				

B. Product categories stocked (check applicable categories)

- | | | |
|--|---|---|
| <input type="checkbox"/> Pet Food and Products | <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"/> Snacks | <input type="checkbox"/> Soups | <input type="checkbox"/> Fresh Bakery |
| <input type="checkbox"/> Cereals | <input type="checkbox"/> Canned Fruits and Vegetables | <input type="checkbox"/> Cigarettes and Tobacco |
| <input type="checkbox"/> Coffee, Tea and Cocoa | <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Liquor, Beer, Wine |
| <input type="checkbox"/> Condiments | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Crackers and Bread Products | <input type="checkbox"/> Household Supplies | <input type="checkbox"/> Hardware/Automotive Supplies |
| <input type="checkbox"/> Fresh or Packaged Meats | <input type="checkbox"/> Soaps and Detergent | <input type="checkbox"/> Apparel |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Health and Beauty Aids | <input type="checkbox"/> Other General Merchandise |

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 _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

D. Are extra-value couponing practices used (i.e. doubling or tripling coupons)?

- Never 0 - 15 weeks per year 16 - 30 weeks per year Over 30 weeks per year

I hereby certify that all information provided in this questionnaire is correct. (Must be signed and dated)

Signed _____ Title _____ Date _____

Print Name _____