



> COUPON QUESTIONNAIRE

Please complete and return immediately to: Inmar Redemption Assurance, PO Box 1740, Winston-Salem, NC 27102, or email front and back of form to questionnaires@inmar.com. Call 800.285.7602 with questions or visit <https://www.inmar.com/web-tools/retailer-resource-center>.

This coupon questionnaire must be completed and on file to ensure payment is issued properly for coupon submissions for Manufacturers represented by Inmar Brand Solutions, Inc. 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. _____
Physical Address of Retail Outlets City State Zip

D. _____
Store Landline Area Code and Telephone Number

E. _____
Owner's Cell Area Code and Telephone Number Owner/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 _____ / _____ / _____
Owners Name _____
I. How did you obtain this business:
 Purchased Started New

If you submit all your stores through this one address you must provide a store list that includes store name, address, and telephone number for each location

PLEASE COMPLETE OTHER SIDE

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 in this questionnaire is correct.**

* Signed _____ Title _____ Date ____/____/____
Month / Day / Year

* Print Full 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.