

## > 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\***

**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**

<b>A. Type of Store(s)</b>	<b>NUMBER OF STORES</b>	<b>SQUARE FOOTAGE</b>	<b>NUMBER OF CASH REGISTERS</b>	<b>AVERAGE WEEKLY OPEN HOURS</b>
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.**