



155 Pfingsten Road, Suite 200  
Deerfield, Illinois 60015  
(800) 833-7096

October 18, 2011

**Retailer Redeeming Manufacturer Coupons – Standard Tax Identification Number Form**

NCH Marketing Services, Inc. is a coupon redemption agent that represents numerous manufacturers. Our Records show you have submitted coupons for the following manufacturers.

With the redemption of each coupon, the manufacturer pays you (the retailer) a handling fee above the face value amount. Federal law requires NCH to report this handling fee on an annual basis to you and the IRS via form 1099. We cannot reimburse you for your coupon shipments until we have your federal tax identification number on file. Therefore, **this form must be completed, signed, and on file before payment can be issued.**

The store is located at:

The mailing address for checks is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Check **one** business type:

- Corporation/LLC                       Government  
 Individual/Proprietorship            Partnership

B. Complete **one**: (Please note: Federal Tax ID is mandatory if business is a corporation)

Federal Tax Identification #: \_\_\_\_\_ -- \_\_\_\_\_

Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

C. Print name: \_\_\_\_\_

D. **Signature(must be signed to be valid):** \_\_\_\_\_ **Date:** \_\_\_\_\_

E. Date business started or acquired: \_\_\_\_\_

F. Name of owner(s): \_\_\_\_\_

G. The corporate name affiliated with my store(s): \_\_\_\_\_

H. Company trade name or store name: \_\_\_\_\_

I. Former store name (if applicable): \_\_\_\_\_

J. I am the owner of \_\_\_\_\_ number of stores.

K. Coupon submissions from my stores are submitted:  Separately  Together

**If more than one store, please submit a list of stores with physical address and date of ownership.**



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L. How would you identify your business?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Newsstand                | <input type="checkbox"/> General mercantile     | <input type="checkbox"/> Pet Sply/Vet/Kennel    |
| <input type="checkbox"/> Gift/Novelty             | <input type="checkbox"/> Warehouse Club         | <input type="checkbox"/> Agriculture/Farm Sply  |
| <input type="checkbox"/> Candy/Bakery             | <input type="checkbox"/> Restaurant/Bar         | <input type="checkbox"/> Sport/Hobby/Toy Store  |
| <input type="checkbox"/> Convenience Store        | <input type="checkbox"/> Liquor/Beverage        | <input type="checkbox"/> Home Improvement/Grdn  |
| <input type="checkbox"/> Deli/Meat/Fish/Seafood   | <input type="checkbox"/> Tobacco Products       | <input type="checkbox"/> Photo/Film Equip       |
| <input type="checkbox"/> Grocery Store            | <input type="checkbox"/> Small Drug/Phcy/Sundry | <input type="checkbox"/> Video/Electronics      |
| <input type="checkbox"/> Medium Supermarket       | <input type="checkbox"/> Medium Drug Store      | <input type="checkbox"/> Stationery/Office/Book |
| <input type="checkbox"/> Large Supermarket        | <input type="checkbox"/> Large Drug/Phcy        | <input type="checkbox"/> Auto Supply/Repair     |
| <input type="checkbox"/> Chain Grocer/Supermarket | <input type="checkbox"/> Health Food Store      | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Varsity/Discount         | <input type="checkbox"/> Medical/Health Sply    |   |
| <input type="checkbox"/> Department Store         | <input type="checkbox"/> Beauty Supply          |   |

I certify that all of the information provided on this form is complete and correct.

**Print Name:** \_\_\_\_\_ **Sign and Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

RETURNING THIS FORM VIA FAX WILL ENSURE THE QUICKEST HANDLING OF YOUR COUPONS SUBMISSIONS.  
FAX TO: (847) 267 - 8758