



S.E.A. Enterprises, Inc.
Retail Clearinghouse/Coupon Redemption Center
P.O. Box 967
Issaquah, WA 98027
425-313-0996
Fax: 425-313-1003

Date: _____ Email Address: _____

I. General Data

A. Present Name of Company/Division/Store: _____

B. Company/Division/Store Mailing Address: Street
 PO Box _____ City _____ State _____ Zip _____

C. Address to which payments should be paid: CHECK IF SAME AS ABOVE
 PO Box _____ Street _____ City _____ State _____ Zip _____

D. Physical location of store (Single store operators only) Send a store list if more than one store
 STORE NAME _____ TELEPHONE # _____
 STREET (NOT PO Box) _____ CIGARETTE LICENSE # _____
 CITY _____ STATE _____ ZIP _____
 STORE TYPE (Enter number from Section II A on 2nd page) _____ LIQUOR LICENSE # _____

E. Type of Entity (check only one)
 Proprietorship _____ Partnership _____ Division _____ Corporation _____ (State of Inc. _____)

F. Coupons will be submitted (check only one)
 (1) By Single Store _____ (2) Total Company _____ (3) By Division _____
 How many stores? _____ How many stores? _____

G. Company trade name or store name: _____

H. Date business was started or acquired: _____ / _____ / _____
 Month Day Year

I. Former store name (if applicable): _____

J. Federal Tax ID or Social Security Number: _____

K. Suppliers (Wholesale)

Name		
Street or PO Box		
City, State, Zip		
Telephone #		
Customer Number		

L. Est. Gross Annual Sales _____ M. # of Employees (full & part-time) _____

II. A. Type of Store(s). Complete the following:

	Number of Stores	Avg. Selling Square ft./store	Number of Checkout Aisles per Store	Avg. Weekly Open Hours
1. Conventional Superstore				
2. Combination (Super) Store				
3. Warehouse Store				
4. Small Grocery				
5. Convenience Store				
6. Pharmacy Only				
7. Department Store				
8. Liquor Store Only				
9. Hardware Store Only				
10. Restaurant Only				
11. Military Commissary				
12. Pet Food Dealer				
13. Gasoline Service Station				
14. Other (Describe)				

B. Check Applicable Product Categories Stocked:

- | | | |
|--|---|---|
| <input type="checkbox"/> Baby Foods | <input type="checkbox"/> Prepared Foods | <input type="checkbox"/> Produce |
| <input type="checkbox"/> Baking Mixes | <input type="checkbox"/> Soft Drinks | <input type="checkbox"/> Delicatessen |
| <input type="checkbox"/> Candy & Gum | <input type="checkbox"/> Soups | <input type="checkbox"/> Fresh Bakery |
| <input type="checkbox"/> Cereals | <input type="checkbox"/> Sugar & Syrup | <input type="checkbox"/> Cigarettes & Tobacco |
| <input type="checkbox"/> Coffee, Tea & Cocoa | <input type="checkbox"/> Household Supplies | <input type="checkbox"/> Liquor (excluding Beer & Wine) |
| <input type="checkbox"/> Condiments | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Beer |
| <input type="checkbox"/> Crackers & Bread Products | <input type="checkbox"/> Pet Food & Products | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Diet Foods | <input type="checkbox"/> Soaps & Detergents | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Canned Fish & Meat | <input type="checkbox"/> Health & Beauty Aids | <input type="checkbox"/> Apparel |
| <input type="checkbox"/> Canned Fruits & 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 & Oil | <input type="checkbox"/> Packaged Meat | <input type="checkbox"/> Other General Merchandise |
| <input type="checkbox"/> Frozen Foods | | |

Coupon Data (Total for entity checked in Section F.)

- A. Estimate average dollar value of weekly coupon redemptions: \$ _____
- B. Coupon Submissions Frequency: Weekly _____ Monthly _____ Quarterly _____
- C. How are coupons submitted? Direct to Manufacturers _____ Clearinghouse _____ Wholesaler _____
 Name & Address of Clearinghouse(s) if applicable:
 Name _____ Address _____ City _____
 Name _____ Address _____ City _____
- D. How often do you double/triple coupon:
 Never _____ 0-15 wks/year _____ 15-30 wks/year _____ Over 30 wks/year _____

Individual responsible for coupon redemption:

Printed Name _____ Title _____

Owner/Manager Certification: I hereby certify that all of the information provided in this application is correct to the best of my knowledge.

Signed: (Mandatory) _____

Printed Name: _____ **Title** _____ **Date** _____