

MAXIMIZE YOUR COUPON DOLLARS

Flexible payment options
that improve Cashflow

You Choose

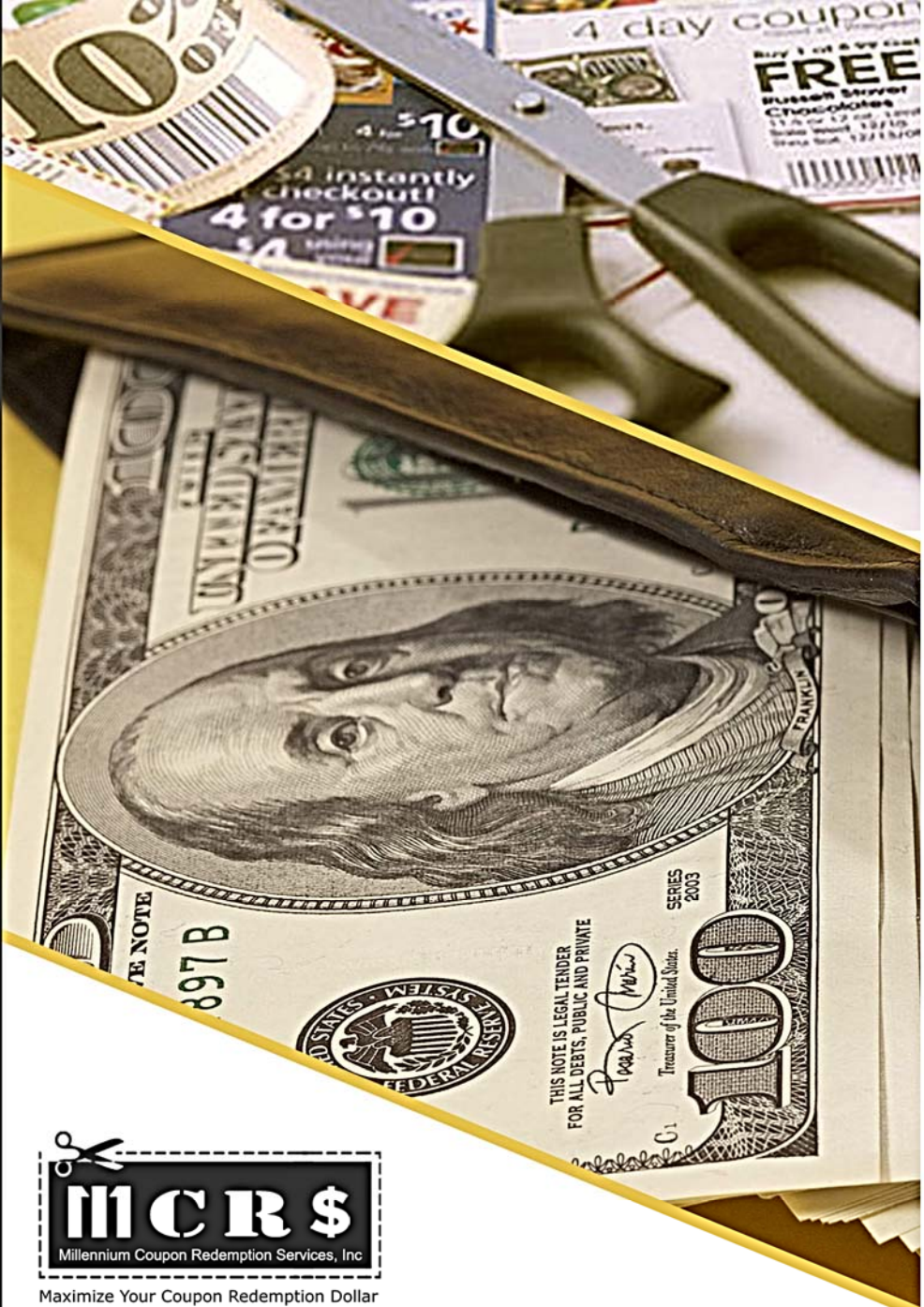
- Regular Pay - Receive invoice credit in as little as 45 days from receipt of coupons.
- Millennium 30 Day Pay - For qualified retailers Only.

Chargeback Assistance

- Eliminate missed receivables.
- Let Millennium assist you in resolving your outstanding chargeback amounts.
- Low chargeback fee.

Eliminate Costs

- Decrease time spent managing coupons: sorting, counting and invoicing.
- No more researching and invoicing manufactures for specific chargeback.



Maximize Your Coupon Redemption Dollar

EASY SIGN-UP....

...complete the following pages, sign the Retailer Merchant Agreement on the back cover and mail all to:

Millennium Coupon Redemption Service, Inc.
50 Mount Prospect Avenue
Suite 204
Clifton, NJ 07013

For Additional Information
call toll free (888) 954-MCRS (6277).

RETAILERS REDEEMING MANUFACTURERS' 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 completed and on file before payment can be issued for coupon submissions.

A separate questionnaire must be prepared by each entity submitting coupons for redemption (i.e., individual store, division, or company).



Individual Entity Submitting Coupons:

Name _____

Address _____

City _____

State _____ Zip _____

(This is the only information that needs to be changed per questionnaire.)

General Data

A. _____
Name of Company/Division/Store

B. _____
Headquarters Address

C. _____
Address to which payment should be directed

D. _____
Address (physical location)

E. _____
Telephone Number
(attach list of addresses and telephone numbers for more than one store)

F. Type of Entity: Proprietorship Partnership
 Corporation Division

G. Entity/Entities for which coupons will be submitted:

Single Store
 Total Company Number of Stores _____
 Division Number of Stores _____

H. Date Business Started ___/___/___

I. How did you obtain this business:

Purchased Started New Merger

J. _____
Company Trade Name or Store Name (if different from item A)

K. _____
Former Store Name (if applicable)

L. _____
Tax Identification or Social Security Number

M. _____
State of Incorporation (if applicable)

N. Wholesaler Supplier(s) (if applicable)

Main

Name _____
Address _____
Telephone _____
Your Customer No. _____

Secondary

Name _____
Address _____
Telephone _____
Your Customer No. _____

O. Estimated Gross Annual Sales \$ _____

P. Number of Employees _____ Full-time _____ Part-time _____

Store Data

A. Type of Store(s) (check applicable category)	Number of stores	Average selling square foot per store	Average checkouts per store	Average weekly open hours
Food Store(s) <input type="checkbox"/> Conventional Supermarket <input type="checkbox"/> Combination <input type="checkbox"/> Warehouse <input type="checkbox"/> Small Store <input type="checkbox"/> Specialty <input type="checkbox"/> Convenience				
Drug Store(s) <input type="checkbox"/> Conventional Supermarket <input type="checkbox"/> Combination				
<input type="checkbox"/> Discount Store				
<input type="checkbox"/> Department Store				
<input type="checkbox"/> Liquor Store				
<input type="checkbox"/> Hardware Store				
<input type="checkbox"/> Restaurant				
<input type="checkbox"/> Military Commissary				
<input type="checkbox"/> Pet Food Dealer/Distributor				

B. Product Categories Stocked (check applicable category)

- | | | |
|--|--|--|
| <input type="checkbox"/> Baby Foods
<input type="checkbox"/> Baking Mixes and Needs
<input type="checkbox"/> Candy and Gum
<input type="checkbox"/> Cereals
<input type="checkbox"/> Coffee, Tea and Cocoa
<input type="checkbox"/> Condiments
<input type="checkbox"/> Crackers and Bread Products
<input type="checkbox"/> Diet Foods
<input type="checkbox"/> Canned Fish and Meat
<input type="checkbox"/> Canned Fruits and Vegetables
<input type="checkbox"/> Snacks
<input type="checkbox"/> Salad Dressing, Mayonnaise and Oils
<input type="checkbox"/> Prepared Foods | <input type="checkbox"/> Soft Drinks
<input type="checkbox"/> Soups
<input type="checkbox"/> Sugar and Syrup
<input type="checkbox"/> Household Supplies
<input type="checkbox"/> Paper Products
<input type="checkbox"/> Pet Foods and Products
<input type="checkbox"/> Soaps and Detergents
<input type="checkbox"/> Health and Beauty Aids
<input type="checkbox"/> Dairy
<input type="checkbox"/> Fresh Meat
<input type="checkbox"/> Packaged Meat
<input type="checkbox"/> Produce | <input type="checkbox"/> Delicatessen
<input type="checkbox"/> Fresh Bakery
<input type="checkbox"/> Cigarettes and Tobacco
<input type="checkbox"/> Liquor, excluding beer and wine
<input type="checkbox"/> Beer
<input type="checkbox"/> Wine
<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Apparel
<input type="checkbox"/> Automotive Supplies
<input type="checkbox"/> Hardware
<input type="checkbox"/> Frozen Foods
<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 (face values only) \$ _____

B. Frequency of submission of coupons (check one or insert number):
 _____ Weekly _____ Monthly _____ Quarterly Every _____ Weeks _____ Random

C. How are coupons currently submitted?
 Direct to Manufacturer(s) _____ Yes _____ No
 Through a clearinghouse? (provide name(s) and address(es))

Name _____

Address _____

City _____

State _____ Zip _____

D. Are extra-value couponing practices used (i.e., doubling or tripling coupons)?
 Never _____ 0 - 15 Weeks per year _____ 15 - 30 Weeks per year _____ Over 30 Weeks per year _____

I hereby certify that all information provided in this questionnaire is correct.

Signed: _____ Title: _____

Print Name: _____ Date: _____

E-mail Address: _____

RETAILER MERCHANT AUTHORIZATION AGREEMENT



Your signature on this agreement authorizes Millennium Coupon Redemption Services ("MCRS") to act as your agent in collecting monies due from manufacturers cents-off coupons they issue and which are properly redeemed through your retail establishment.

This agreement is only valid if the name and address appearing on this agreement is a bonafide Retailer or the headquarters for a group of retail stores from which coupons come to MCRS.

1. MCRS AGREES:

- To sort, count, and invoice manufacturers and/or their authorized agents for coupons submitted by the RETAILER.
- To collect coupon redemption funds from manufacturers and/or their agents for payable coupons submitted by the Retailer
- To make payments to the Retailer for submitted coupons after deducting any MCRS service fee and any adjustments or manufacturer chargebacks respective to prior submissions.

2. RETAILER AGREES:

- To submit only those coupons which have been properly redeemed and accepted at its stores in accordance with all terms specified by the issuing manufacturer.
- To authorize endorsement by MCRS of any and all checks from any manufacturer and/or their agents for coupons that have been forwarded to MCRS for processing.
- To pay MCRS all of its service fee should the Manufacturer pay Retailer direct for coupons that have been forwarded to MCRS for processing.
- To authorize MCRS to maintain a security deposit by deducting a percentage of the amounts otherwise payable to Retailer as MCRS reasonably determines is necessary to cover the cost of rejected coupons or other chargebacks by a Manufacturer. Deposits shall remain in effect until all accounts are settled in the event of termination of this agreement.
- To promptly reimburse MCRS for all outstanding balances including chargebacks.
- To accept MCRS chargeback details documentation of manufacturer chargeback or rejection in place of actual physical coupons.
- To submit to the jurisdiction of the state of New Jersey should any disputes arise from this agreement and the venue for any such action shall lie exclusively in Passaic County, New Jersey.

DECLARATION AND AUTHORIZATION

STATE OF _____ COUNTY OF _____

1. "My name is _____" (PRINT YOUR NAME)

2. "I am employed as the (CHECK ONE)

_____ OWNER _____ STORE MANAGER _____ ASSISTANT STORE MANAGER

of _____ (PRINT STORE NAME)

of _____ (PRINT STORE ADDRESS)

of _____ (PRINT CITY, STATE AND ZIP OF STORE)".

3. "I am of sound mind, over 18 years of age, and am in all other respects competent to make this declaration, which is given freely and voluntarily, and I have personal knowledge of the facts contained herein."

4. "I declare that all coupons submitted to MCRS by the above referenced store were accepted in accordance with manufacturer policies."

5. "I authorize Millennium Coupon Redemption Services, Inc. and its agents to use this Declaration and Authorization and represent the above referenced store in connection with Millennium Coupon Redemption Services, Inc. and /or its investigations into any and all coupon submission, redemption and payment issues, in their complete and sole discretion. Further, I authorize MCRS to act as my agent in order to resolve any coupon payment disputes with the manufacturers and/or their agents."

_____ (SIGN HERE)

SIGNED AND WITNESSED BEFORE ME

on this _____ day of _____, 20 ____

_____ (WITNESS SIGNATURE)

_____ (WITNESS PRINTED NAME)

FOR INTERNAL USE ONLY

ACCOUNT # _____

VERIFIED BY _____

1) _____ DATE _____ TIME _____ WEIGHT _____

2) _____ DATE _____ TIME _____

3) _____ DATE _____ TIME _____

MCRS _____ REMARKS _____

This page must be filled out COMPLETELY or coupons will not be accepted.