



## Retailer Questionnaire

*Your store submitted coupons to Arrowhead for one or more of the manufacturer brands we represent. In order to release payment to you for these transactions, we must first verify the existence and/or status of your business. Complete in its entirety.*

**To return by mail, please send to:**

Arrowhead Promotion & Fulfillment  
 1105 SE 8<sup>th</sup> Street  
 Grand Rapids, MN 55744

**To return by email:**

[retailers@apfco.com](mailto:retailers@apfco.com);

**To speak with an agent:**

844-506-5864

**Store Name** \_\_\_\_\_

**Street Address \*required\*** \_\_\_\_\_

**P.O. Box \*optional\*** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Contact Title** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Locations** \_\_\_\_\_

**Square Footage** \_\_\_\_\_

**# Checkouts** \_\_\_\_\_

**Annual Sales** \_\_\_\_\_

**FEIN / W9** \_\_\_\_\_

**Store Class of Trade**  
**\*check one\***

- Club Store
- C-Store
- Dollar
- Drug Store
- Drug Chain
- Independent
- Liquor Store
- Mass Merchandiser
- Specialty
- Supermarket
- Wholesaler
- Wine & Spirits
- Other


**Product Line \*check all that apply\***

Beverages	<input type="checkbox"/>	Health & Beauty	<input type="checkbox"/>
Cereal/Breakfast	<input type="checkbox"/>	Wine	<input type="checkbox"/>
Cleaning Supplies	<input type="checkbox"/>	Pet Food/ Supplies	<input type="checkbox"/>
Dairy	<input type="checkbox"/>	School Supplies	<input type="checkbox"/>
Deli	<input type="checkbox"/>	Snacks	<input type="checkbox"/>
General Grocery	<input type="checkbox"/>	Beer	<input type="checkbox"/>
Spirits	<input type="checkbox"/>	Wine	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	Other	<input type="checkbox"/>

***By signing below, I certify that the answers to the above questions are true. I further acknowledge that any false information provided on this form with the intent to receive payment unlawfully will be considered as fraudulent and can therefore be prosecuted in a court of law.***

Sign Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Important:** A copy of your current W9 form must be returned with a completed and signed copy of this form.