



SALESMAN NAME \_\_\_\_\_ ROUTE \_\_\_\_\_ DELIVERY DAY \_\_\_\_\_ TERMS GIVEN \_\_\_\_\_

FULL LEGAL NAME/BUSINESS ENTITY  
\_\_\_\_\_

DOING BUSINESS AS (DBA)  
\_\_\_\_\_

SHIP TO ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

BILL TO ADDRESS (IF DIFFERENT FROM SHIP TO)  
\_\_\_\_\_  
\_\_\_\_\_

PHONE# (INCLUDING AREA CODE)  
\_\_\_\_\_

FAX# (INCLUDING AREA CODE)  
\_\_\_\_\_

COMPANY TYPE - CIRCLE ONE  
Corporation (federal tax# if corporation) \_\_\_\_\_ Partnership Proprietorship Franchisee Other \_\_\_\_\_

BUSINESS TYPE - CIRCLE ONE  
Restaurant Grocery School Wholesaler Other

YEAR BUSINESS ESTABLISHED \_\_\_\_\_

**BANK REFERENCES :**

BANK NAME	ACCOUNT # _____	BANK NAME	ACCOUNT# _____
ADDRESS _____		ADDRESS _____	
PHONE#(AREA CODE) _____		PHONE#(AREA CODE) _____	
FAX#(AREA CODE) _____		FAX#(AREA CODE) _____	
CONTACT NAME _____		CONTACT NAME _____	

**CREDIT REFERENCE:**

COMPANY NAME	COMPANY NAME
ADDRESS _____	
ADDRESS _____	
PHONE#(AREA CODE) _____	PHONE#(AREA CODE) _____
FAX#(AREA CODE) _____	FAX#(AREA CODE) _____



**FOR INDIVIDUALS , PROPRIETORSHIPS, PARTNERSHIPS , AND GUARANTORS ONLY  
THE FAIR CREDIT REPORTING ACT AND FEDERAL EQUAL CREDIT OPPORTUNITY ACT**

Applicant acknowledges and agrees that (Creditor) and its subsidiaries, divisions and affiliates (collectively "Creditor" ) may utilize outside credit reporting services reporting services to obtain information on Applicant. In the event Applicant is/are Individual(s) or doing business as a sole proprietorship or partnership , or if the Applicant is executing the Application as part of a personal guarantee, the signing of the Application shall constitute authorization under the Fair Credit and Reporting Act to (Creditor) and its Agents to utilize consumer credit reporting agencies to provide reports on said individual(s) in order to permit (Creditor) to appropriately evaluate the extension of any business credit . This authorization will remain valid and enforceable until Applicant expressly revokes authorization in writing and served on (Creditor) by registered or certified mail.

In accordance with the terms and conditions listed above, Applicant hereby authorizes (Creditor) to obtain commercial credit reports and to share this authorization , and any information contained therein.

**SIGNATURE AND DATE REQUIRED**

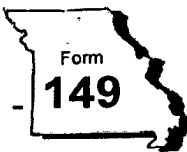
Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTY**

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

I/We (name) \_\_\_\_\_ d/b/a ( company name ) \_\_\_\_\_ , hereby personally guarantee to you the payment at Springfield in the state of Missouri of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay same. The guaranty includes interest at a rate of 12% per month or 18% per annum charged on past due accounts. In event legal action is necessary to collect this invoice, Customer will be liable for all attorney's fees , filing fees and court cost.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_



Missouri Department of Revenue  
**Sales and Use Tax Exemption Certificate**

Caution to seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

<b>Purchaser</b>	Name	Telephone Number ( )	Missouri Tax I.D. Number			
	Contact Person	Doing Business As Name (DBA)				
	Address	City	State	Zip Code		
	Describe product or services purchased exempt from tax <b>MEAT, FOOD ITEMS, FOOD PACKAGING, ETC.</b>					
	Type of business					

<b>Seller</b>	Name	Telephone Number	Contact Person		
	PACKERS DISTRIBUTING CO.	(4 1 7) 8 6 6 - 7 2 3 0			
	Doing Business As Name (DBA) PACKERS DISTRIBUTING COMPANY, INC.	Address 1301 EAST COMMERCIAL			
	City SPRINGFIELD	State MO	Zip Code 65803		

<b>Resale - Exclusion From Sales or Use Tax</b>	<input type="checkbox"/> Purchases of Tangible Personal Property for resale: <i>Retailer's State Tax ID Number</i> _____ <i>Home State</i> _____ (Missouri Retailers must have a Missouri Tax I.D. Number)
	<input type="checkbox"/> Purchases of Taxable Services for resale (see list of taxable services in instructions) <i>Retailer's Missouri Tax I.D. Number</i> _____ (Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri)
	<input type="checkbox"/> Purchases by Manufacturer or Wholesaler for Wholesale: <i>Home State:</i> _____ (Missouri Tax I.D. Number may not be required)
	<input type="checkbox"/> Purchases by Motor Vehicle Dealer: <i>Missouri Dealer License Number</i> _____ (Only for parts that will be used on vehicles being resold) (An Exemption Certificate for Tire and Lead-Acid Battery Fee (Form 149T) is required for tire and battery fees)

<b>Manufacturing Full Exemptions</b>	These apply to state and local sales and use tax.	
	<input type="checkbox"/> Ingredient or Component Part	<input type="checkbox"/> Plant Expansion
	<input type="checkbox"/> Manufacturing Machinery, Equipment, and Parts	<input type="checkbox"/> Research and Development of Agricultural Biotechnology Products and Plant Genomics Products and Prescription Pharmaceuticals
	<input type="checkbox"/> Material Recovery Processing	

<b>Manufacturing Partial Exemptions</b>	These only apply to state tax (4.225%) and local use tax, but not sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.	
	<input type="checkbox"/> Research and Development	<input type="checkbox"/> Manufacturing Chemicals and Materials
	<input type="checkbox"/> Machinery and Equipment Used or Consumed in Manufacturing	
	<input type="checkbox"/> Materials, Chemicals, Machinery, and Equipment Used or Consumed in Material Recovery Processing Plant	
	<input type="checkbox"/> Utilities or Energy and Water Used or Consumed in Manufacturing (Must complete below)	
	Purchaser's Manufacturing Percentage _____ %	Purchaser's Square Footage _____

<b>Other</b>	<input type="checkbox"/> Agricultural <input type="checkbox"/> Common Carrier <input type="checkbox"/> Locomotive Fuel <input type="checkbox"/> Air and Water Pollution Control, Machinery, Equipment, Appliances and Devices (Attach <b>Form 5095</b> )
	<input type="checkbox"/> Commercial Motor Vehicles or Trailers Greater than 54,000 Pounds (Attach <b>Form 5435</b> ) <input type="checkbox"/> Other _____

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature (Purchaser or Purchaser's Agent)	Title	Date (MM/DD/YYYY)
			____/____/____

If you have questions, please contact the Department of Revenue at:

Phone: (573) 751-2836  
 TTY: (800) 735-2966  
 E-mail: [salestaxexemptions@dor.mo.gov](mailto:salestaxexemptions@dor.mo.gov)

Visit <http://www.dor.mo.gov/business/sales/sales-use-exemptions.php> for additional information.

Form 149 (Revised 12-2013)

