



261 Wolfner Drive  
St. Louis, Missouri 63026

866-333-4030  
866-333-4035 fax

## Credit Application Form

Fax completed form to: 866-333-4035 or  
Mail to address at left

Federal Tax ID #: \_\_\_\_\_

Company/Parent Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Accounting contact: \_\_\_\_\_

Type of Business:  Corporation  Partnership  LLC  Sole Proprietor  Branch of \_\_\_\_\_

### Trade References

Fax numbers required to process application

Name	Account #	Address, City, State, Zip	Fax #	Phone# + Contact

### Bank References

Fax numbers required to process application

Name of Bank	Account #	Address, City, State, Zip	Fax #	Phone# + Contact

### Proprietors, Partners or Officers

Name	Position	Social Security #

Anticipated Monthly Purchases: \_\_\_\_\_

Sales Tax Exemption Certificate # \_\_\_\_\_ Certificate shall be considered a part of each order, unless otherwise specified.

Responsive Respiratory notifies its customers via Email when shipments are made. We also utilize your fax number to notify you on our specials and promotional programs. If you do not wish to receive this information please check the appropriate box.  Yes, please notify  No, do not notify Email: (purchasing dept.) \_\_\_\_\_

I certify the information in this application is correct. I grant authority to Responsive Respiratory or their representative to obtain credit information from any source listed, including my bank. All information will be held in strict confidence. If credit is granted (I) (we) promise to pay bills according to terms. Responsive Respiratory reserves the right to assess a late charge of 1 ½% per month on balance past due. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay all costs of collection. If legal action is required (I) (we) will pay reasonable attorney's fees resulting from such action. The person executing this agreement has authority to bind the customer.

Signature: \_\_\_\_\_

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

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

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



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
**SALES/USE TAX EXEMPTION CERTIFICATE**

FORM  
**149**  
(REV. 11-2009)

**THIS FORM IS TO BE  
GIVEN TO THE SELLER BY  
THE PURCHASER**

**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.

**PURCHASER/SELLER**

PURCHASER'S NAME	SELLER'S NAME
DOING BUSINESS AS NAME (DBA)	DOING BUSINESS AS NAME (DBA)
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PRODUCT OR SERVICES PURCHASED EXEMPT FROM TAX	
PURCHASER'S TYPE OF BUSINESS	

**RESALE: EXCLUSION FROM SALES/USE**

- Purchases of Tangible Personal Property for RESALE: *Retailer's State Tax ID Number* \_\_\_\_\_ *Home State* \_\_\_\_\_  
(Missouri Retailers must have a Missouri Tax ID Number)
- Purchases of Taxable Services for RESALE (see list of taxable services in instructions): *Retailer's MO Tax ID Number* \_\_\_\_\_  
(Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri)
- Purchases by Manufacturer or Wholesaler for Wholesale: *Home State:* \_\_\_\_\_  
(Missouri Tax ID Number is not required)
- Purchases by Motor Vehicle Dealer: *Missouri Dealer License Number* \_\_\_\_\_  
(Only for parts that will be used on vehicles being resold)(Form 149T is required for tire and battery fees)

**MANUFACTURING FULL EXEMPTIONS: (These exemptions apply to state and local sales and use tax.)**

- INGREDIENT / COMPONENT PART
- PLANT EXPANSION
- MANUFACTURING MACHINERY, EQUIPMENT AND PARTS
- RESEARCH AND DEVELOPMENT OF AGRICULTURAL BIOTECHNOLOGY PRODUCTS AND PLANT GENOMICS PRODUCTS AND PHARMACEUTICALS
- MATERIAL RECOVERY PROCESSING

DESCRIBE PRODUCT OR SERVICES PURCHASED EXEMPT FROM TAX

**SALES/USE TAX**

**MANUFACTURING PARTIAL EXEMPTIONS : (These exemptions apply to state tax (4.225%) and local use tax, but not local sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.)**

- RESEARCH AND DEVELOPMENT
- MANUFACTURING CHEMICALS AND MATERIALS
- MACHINERY AND EQUIPMENT USED OR CONSUMED IN MANUFACTURING
- MATERIALS, CHEMICALS, MACHINERY, AND EQUIPMENT USED OR CONSUMED IN MATERIAL RECOVERY PROCESSING PLANT

DESCRIBE PRODUCTS OR SERVICES PURCHASED EXEMPT FROM STATE TAX AND LOCAL USE TAX, BUT SUBJECT TO LOCAL SALES TAX

- UTILITIES /ENERGY AND WATER USED OR CONSUMED IN MANUFACTURING (**MUST COMPLETE BELOW**)  
PURCHASER'S MANUFACTURING PERCENTAGE \_\_\_\_\_ %  
PURCHASER'S METHOD OF CALCULATION  
 SQUARE FOOTAGE       USE ANALYSIS  
 OTHER \_\_\_\_\_  
ENERGY ACCOUNT NUMBER(S) \_\_\_\_\_

**OTHER SALES/USE EXEMPTIONS:**

- AGRICULTURAL     COMMON CARRIER     LOCOMOTIVE FUEL     AIR AND/OR WATER POLLUTION CONTROL MACHINERY, EQUIPMENT, APPLIANCES AND DEVICES.
- OTHER \_\_\_\_\_

**SIGNATURE**

**SIGNATURE:**

UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT)	TITLE	DATE ____ / ____ / _____
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## INSTRUCTIONS

### **Purchaser/Seller**

Complete the name of the purchaser, doing business as, address, city, state, and zip.

Give a brief description of the product or services to be purchased. If claiming exemption for plant expansion, new plant, or design change, indicate a general project description, project number, or a brief description of the equipment to be purchased. A new exemption will be needed for future projects.

Give a brief description of the type of business.

Complete the name of the seller, doing business as, address, city, state, and zip.

### **Sales/Use Tax**

Check the appropriate box for the type of exemption to be claimed and complete any additional information requested

**Resale of Tangible Personal Property:** Retailers that are purchasing tangible personal property for resale purposes are exempt from sales/use tax. The purchaser's state tax ID number can be found on the Missouri Retail License or out of state registration for retail sales.

**Resale of Taxable Services:** Purchasers for resale must have a Missouri retail license in order to claim resale of taxable services in Missouri. Taxable services include restaurants, hotels, motels, places of amusement, recreation, entertainment, games, athletic events, telecommunications providers and utilities.

**Manufacturers or Wholesalers:** A Missouri Tax ID Number is not required to claim this exclusion.

Purchaser's Home State: Provide the state in which purchaser is located and registered.

**Motor Vehicle Dealer:** A motor vehicle dealer who is purchasing parts for the repair of a vehicle being resold is exempt from sales/use tax. The dealer's license is issued by the Missouri Motor Vehicle Bureau or by the out of state registration authority that issues such licenses.

### **Manufacturing Exemptions - Full Exemption**

Check the appropriate box for the type of exemption to be claimed. All items selected in this section are exempt from all sales/use tax under section 144.030, RSMo.

### **Manufacturing Partial Exemptions**

Check the appropriate box for the type of exemption to be claimed according to section 144.054, RSMo.

All items in this section are exempt from State Tax and Local Use Tax, but **are still taxable for Local Sales Tax**. If claiming utilities, record account numbers, meter numbers, or other information as required by the vendor. All purchasers who are claiming an exemption for energy use will need to provide the amount of energy use which is related to manufacturing in the space provided and also select the method by which this percentage was obtained.

### **Other Sales/Use Exemptions**

**Agricultural** - Farm machinery and equipment are exempt from tax if used exclusively for agricultural purposes, used on land owned or leased for the purpose of producing farm products, and used directly in the production of farm products to be ultimately sold at retail. The sale of grains to be converted into foodstuffs or seed, and limestone, fertilizer, and herbicides used in connection with the growth or production of crops, livestock or poultry is exempt from tax. The sale of livestock, animals or poultry used for breeding or feeding purposes, feed for livestock or poultry, feed additives, medications or vaccines administered to livestock or poultry in the production of food or fiber, and sales of pesticides and herbicides used in the production of aquaculture, livestock or poultry are exempt from tax. All sales of fencing materials used for agricultural purposes and the purchase of motor fuel are exempt from tax.

**Common Carrier** - Materials, replacement parts and equipment purchased for use directly upon, and for the repair and maintenance or manufacture of, motor vehicles, watercraft, railroad rolling stock or aircraft engaged as common carriers of persons or property. See section 144.030.2(3), RSMo.

**Locomotive Fuel** - Fuel purchased for use in a locomotive that is a common carrier is exempt from sales and use tax.

**Air and/or Water Pollution Control Machinery, Equipment, Appliances and Devices** - Machinery, equipment, appliances and devices purchased or leased and used solely for the purpose of preventing, abating or monitoring water and air pollution, and materials and supplies solely required for the installation, construction or reconstruction of such machinery, equipment, appliances and devices. See section 144.030.2(14) and section 144.030.2(15), RSMo.

**Other** - Exemptions not listed on this sheet, but are provided by statute. Provide explanation of exemption being claimed. See Chapter 144 of the Missouri Statutes for exemption <http://www.moga.mo.gov/statutes/c144.htm>

### **Sign, title and date the form.**

If you have any questions, please contact the Taxation Division, P.O. Box 358, Jefferson City, MO 65105-0358, call (573) 751-2836 or e-mail [salestaxexemptions@dor.mo.gov](mailto:salestaxexemptions@dor.mo.gov).

Sellers should update resale certificates for their files every five (5) years.

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of  
 U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,