



MISSOURI DEPARTMENT OF REVENUE  
 DIVISION OF TAXATION AND COLLECTION  
 P.O. BOX 3300  
 JEFFERSON CITY, MISSOURI 65105-3300  
**SALES/USE TAX EXEMPTION CERTIFICATE**

FORM  
**149**  
 (REV. 11-2002)

**Give this form to your supplier. Do not send this form to the Department of Revenue.**

**PART A**

1. PURCHASER	DOING BUSINESS AS
ADDRESS	CITY, STATE, AND ZIP
2. SELLER	DOING BUSINESS AS
<b>VOGLER ENTERPRISES, INC.</b>	<b>DRAGON DISTRIBUTING</b>
ADDRESS	CITY, STATE, AND ZIP
<b>503 McCleary Road</b>	<b>Excelsior Springs, MO 64024</b>

3. PRODUCT OR SERVICES PURCHASED  
**Consumer Electronics/Car Audio Equipment**

4. PURCHASER'S TYPE OF BUSINESS

5. CLAIMING EXEMPTION FOR

<input type="checkbox"/> RESALE (COMPLETE PART B BELOW)	<input type="checkbox"/> PLANT EXPANSION
<input type="checkbox"/> NEW PLANT	<input type="checkbox"/> REPLACEMENT MACHINERY, EQUIPMENT & PARTS
<input type="checkbox"/> INGREDIENT OR COMPONENT PART	<input type="checkbox"/> WHOLESALERS (TAX ID NOT REQUIRED)
<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> COMMON CARRIER
<input type="checkbox"/> OTHER (EXPLAIN) _____	

**PART B**

**IF CLAIMING EXEMPTION FOR RESALE, PLEASE COMPLETE THE FOLLOWING**

1. PURCHASER'S HOME STATE	2. PURCHASER'S STATE TAX I.D. NUMBER
---------------------------	--------------------------------------

3. GENERAL DESCRIPTION OF PRODUCT TO BE PURCHASED FROM THE SELLER \_\_\_\_\_

**Note:** Illinois does not have an exemption on sales of property for subsequent lease or rental.

**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 of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of business. In some states or cities, a seller failing to exercise due care could be held liable for the sales tax due.

Please see reverse side of this form for statutory references.

**PART C**

I SWEAR OR AFFIRM THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT)	DATE
---	------