



MISSOURI DEPARTMENT OF REVENUE  
TAX ADMINISTRATION BUREAU  
**MULTI-JURISDICTION SALES TAX  
EXEMPTION CERTIFICATE**

FORM  
**149**  
(REV. 7-94)

**SEE REVERSE SIDE FOR INSTRUCTIONS**

ISSUED TO <b>Video Services / Optical Services Group</b>		ADDRESS <b>11126 Lindbergh Business Court</b>	CITY, STATE, ZIP CODE <b>St. Louis, Mo. 63123</b>	
NAME OF FIRM (BUYER)		ENGAGED AS A REGISTERED <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> LESSOR (*SEE NOTE ON REVERSE SIDE.) <input type="checkbox"/> OTHER		
STREET ADDRESS OR P.O. BOX NUMBER				
CITY, STATE, ZIP CODE				
The above named firm is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing, or renting.				
PRODUCT OR SERVICES RENDERED				
STATE	STATE I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which, we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.				
GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER				
I swear or affirm that the information on this form is true and correct as to every material matter.				
AUTHORIZED SIGNATURE (OWNER, PARTNER OR CORPORATE OFFICER)		TITLE	DATE	