



Credit Application

Type of Business: Corporation Partnership Proprietorship LLC LLP

Principals: _____
Name Name
(Two required)
_____ Title Title

Corporations: Name Two Officers (i.e. President, Vice President, Treasurer)
Partnerships: Name Two Partners
Proprietorships: Name The Owner

Company Name: _____

Physical Address: _____

City, State, ZIP: _____

Bill-To Address: _____

City, State, ZIP: _____

If branch or division, please provide location of your headquarters:

HQ Address: _____

City, State, ZIP: _____

Dun & Bradstreet #: _____ Tax Exempt: Yes No State Tax Only

Sales Tax ID #: _____ State of Exemption: _____

Parish Sales Tax Account # (Louisiana): _____

Are purchase orders required? Yes No Are Verbal PO's Permitted? Yes No

Can you anticipate your monthly volume with us? \$ _____



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BANK REFERENCES

Bank Reference/Contact Name:	Location (City):	Telephone #:	Account #:
1. _____	_____	(____)____-_____	
2. _____	_____	(____)____-_____	

BUSINESS/TRADE REFERENCES

****NO UTILITIES, PLEASE****

Company Name:	E-mail Address	Telephone #	Fax #:
1. _____	_____ @_____	(____)____-_____	(____)____-_____
2. _____	_____ @_____	(____)____-_____	(____)____-_____
3. _____	_____ @_____	(____)____-_____	(____)____-_____
4. _____	_____ @_____	(____)____-_____	(____)____-_____

I (WE) UNDERSTAND THAT THE INFORMATION THAT HAS BEEN FURNISHED IS FOR THE PURPOSE OF OBTAINING CREDIT FROM MENARD ELECTRONICS INC.; THAT I AM (WE ARE) AUTHORIZED, IN MY (OUR) CAPACITY, TO BIND MY (OUR) FIRM ACCORDINGLY; THAT ALL ACCOUNTS OR MONIES DUE SHALL BE DUE AND PAYABLE AT MENARD ELECTRONICS INC. CORPORATE HEADQUARTERS, EAST BATON ROUGE PARISH, BATON ROUGE, LOUISIANA WITHIN 30 DAYS OF INVOICE; THAT ALL PAST DUE ACCOUNTS, NOTES, OR JUDGMENTS SHALL AUTOMATICALLY ACCRUE SERVICE CHARGES AT THE RATE OF ONE AND ONE HALF PERCENT PER MONTH

Signature

Signature

Printed Name/Title

Printed Name/Title

TERMS AND CONDITIONS

OUR TERMS ARE NET-30 DAYS AFTER INVOICE DATE
WITH APPROVED CREDIT

This means that payment is due within 30 days of the date of generation of an invoice from Menard Electronics Inc., regardless of the date you receive the invoice, non-receipt of an invoice for any reason, technical issues, postal delays or any other factor not mentioned herein.

Payments must be in the form of a Check or ACH drawn upon a U.S. Bank

NOTE: Credit Cards WILL NOT be accepted for payments on account

The "Invoice Date" shown on the invoice is the date of generation

____ I acknowledge and understand that invoices are due 30 days after the invoice date
Initial

____ Disputed invoices will be reported to Menard within 24 hours of receipt of invoice
Initial

____ Returns require an RMA. Invoices for returned material must be paid within terms
Initial

____ I am authorized to accept these terms on behalf of my company
Initial

Signature: _____ Date: ____ / ____ / ____

Name: _____ Title: _____

GENERAL COMPANY INFORMATION

Legal Entity Name: Menard Electronics Inc.

Headquarters: 6451 Choctaw Dr.
Baton Rouge, LA 70805

Federal Tax ID: 72-0756866

Incorporated: 1974, Louisiana

Branch Locations:

Baton Rouge:

Menard Electronics Inc.
6451 Choctaw Drive
Baton Rouge, LA 70805
Ph: 225.355.0323
Fx: 225.357.6329

Clute:

Menard Electronics Inc.
825 Industrial St. Ste. B
Clute, TX 77531
Ph: 979.265.1100
Fx: 979.265.1400

We are not affiliated with Menard Electronics of Lake Charles, Inc. in Lake Charles, LA nor are we affiliated with Menard Electronics of Louisiana (MEL) Inc. in Broussard, LA.

Accounts Receivable: _____ :

Email: ar@menardelec.com
Fx: 281.656.5346
Ph: 979.265.1100
ACH: Details Available upon Request

Remit Payment To:

Menard Electronics Inc.
P.O. Box 41047
Baton Rouge, LA 70835-1047



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E-mail Invoice Request

Menard Electronics Inc. is pleased to offer e-mail invoicing to our customers. Please provide the requested information below and return via e-mail or facsimile to:

Accounts Payable Department

E-mail: ar@menardelectronics.com

Facsimile: 225.357.1109

****Please add menardelec.com and menardelectronics.com to your Spam Filter's Safe List****

Company Name: _____

AP Contact Name: _____

AP Contact E-mail: _____

AP Contact Phone: _____

We would like to receive our invoices:

- Via E-mail
- Via E-mail and US Mail

E-mail Address(es) to which Invoices should be directed:

_____ I affirm that menardelectronics.com and menardelec.com have been added to our Spam Filter's "Safe List"
Initial

_____ I affirm that I am authorized to select or change the method in which our company receives invoices from Menard Electronics Inc.
Initial

_____ I understand that invoices are due 30 days from the date of invoice, even if an email invoice is not received for any reason, technical or otherwise
Initial

Signature of Accounts Payable Contact

_____/_____/_____
Date Signed