PROPURCHASE CARD REQUEST WORKSHEET

Pro Specialty Trades

Please complete this worksheet to request ProPurchase card(s). Email your completed worksheet to **ProPurchase@homedepot.com** to complete the setup process, or call **800-401-7299** to speak to a ProPurchase customer service representative.

KEY TERMS AND DESCRIPTIONS FOR EACH CARD:

Card Contact Individual (Required):

The card owner or individual who controls and is responsible for the specific card.

Card Spending Limit (Optional):

A weekly or monthly maximum dollar spend amount can be set for each card.

Card Nickname (Optional):

The name on the card can be customized to fit your needs, up to 26 characters. For example, "Renovation Project XYX".

e-Receipt (Required):

An electronic receipt illustrating all items purchased in store using the card(s). It will be emailed after each transaction in the store to a designated person in your organization who wants visibility to all purchases. The e-Receipt also serves as a proof of delivery.

		<u> </u>	Sample, Heriev	adorr rojoot xxxx	purchases. The e-Receipt also serves as a proof of delivery.
PLEASE COMPLETI	E THE	INFORMATION BELOW:			
Name and Title	me and	d title to indicate who is requesting cards for your org	ganization.		
The Home Depot P	ro Ac		Account Number	·	
		SS		t Number	
1234 5678 9101 1213 PROPERTY MAINTENANCE	1D 1	Card Contact Individual (Required):		Mailing Address*	
		Card Spending Limit (Optional):		City	
	ARD	Card Nickname (Optional):		State, Zip	
	O	☐ No Nickname/No Text Printed on Card			*Card will be mailed to this address in a plain white envelope.
PROPERTY MAINTENANCE EXP. BLSC	a	Card Contact Individual (Required):		Mailing Address*	
	_	Card Spending Limit (Optional):	Select One: WeeklyMonthly_	City	
	ΆR	Card Nickname (Optional):		State, Zip	
	0	☐ No Nickname/No Text Printed on Card			*Card will be mailed to this address in a plain white envelope.
1234 5678 9101 1213	က	Card Contact Individual (Required):		Mailing Address*	
		Card Spending Limit (Optional):	Select One: WeeklyMonthly_	City	
	CARI	Card Nickname (Optional):		State, Zip	
		☐ No Nickname/No Text Printed on Card			*Card will be mailed to this address in a plain white envelope.
1234 5618 9101 1213 PROPERTY MAINTENANCE	4			Mailing Address*	
		Card Spending Limit (Optional):	Select One: WeeklyMonthly_	City	
	⋖	Card Nickname (Optional):		State, Zip	
	O	☐ No Nickname/No Text Printed on Card			*Card will be mailed to this address in a plain white envelope.
CARD	2	Card Contact Individual (Required):		Mailing Address*	
	CARD	Card Spending Limit (Optional):	Select One: WeeklyMonthly_	City	
		Card Nickname (Optional):		State, Zip	
		☐ No Nickname/No Text Printed on Card			*Card will be mailed to this address in a plain white envelope.