

Please complete this worksheet to request The Home Depot ProPurchase card(s). Once the worksheet is complete, please call **800.401.7299** to speak to a Home Depot ProPurchase customer service representative, or email your worksheet to THDProPurchase@interlinebrands.com to complete the set up process.

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, "Property 1", "Property 2". Please note: If no Nickname is included, the card will have no text, only a card number.

▶ e-Receipt (Required):

An electronic receipt will be emailed after each transaction in the store to a designated person in your organization for visibility to all purchases. The e-Receipt also serves as a proof of delivery.

PLEASE COMPLETE THE INFORMATION BELOW:

Name and Title _____

Please provide your name and title to indicate who is requesting cards for your organization.

The Home Depot Pro Account Name _____

Account Number _____

Please provide your The Home Depot Pro account number to use for all Home Depot in store purchases using the card.

e-Receipts Email Address _____

CARD 1

Card Contact Individual (Required): _____	Mailing Address* _____
Card Spending Limit (Optional): _____ Select One: Weekly ___ Monthly ___	City _____
Card Nickname (Optional): _____	State, Zip _____
<input type="checkbox"/> 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 Spending Limit (Optional): _____ Select One: Weekly ___ Monthly ___	City _____
Card Nickname (Optional): _____	State, Zip _____
<input type="checkbox"/> No Nickname/No Text Printed on Card	*Card will be mailed to this address in a plain white envelope.

CARD 3

Card Contact Individual (Required): _____	Mailing Address* _____
Card Spending Limit (Optional): _____ Select One: Weekly ___ Monthly ___	City _____
Card Nickname (Optional): _____	State, Zip _____
<input type="checkbox"/> No Nickname/No Text Printed on Card	*Card will be mailed to this address in a plain white envelope.

CARD 4

Card Contact Individual (Required): _____	Mailing Address* _____
Card Spending Limit (Optional): _____ Select One: Weekly ___ Monthly ___	City _____
Card Nickname (Optional): _____	State, Zip _____
<input type="checkbox"/> No Nickname/No Text Printed on Card	*Card will be mailed to this address in a plain white envelope.

CARD 5

Card Contact Individual (Required): _____	Mailing Address* _____
Card Spending Limit (Optional): _____ Select One: Weekly ___ Monthly ___	City _____
Card Nickname (Optional): _____	State, Zip _____
<input type="checkbox"/> No Nickname/No Text Printed on Card	*Card will be mailed to this address in a plain white envelope.

If you are requesting more than five cards, please use another card request worksheet. Once you have completed the worksheet, you can email it to THDProPurchase@interlinebrands.com or contact a customer service representative at 800.401.7299.