

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](mailto: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, "Facility Maintenance". 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.

**SupplyWorks Account Name** \_\_\_\_\_

**SupplyWorks Account Number** \_\_\_\_\_

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

CARD 1

Card Contact Individual (Required): \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Card Spending Limit (Optional): \_\_\_\_\_ **Select One:** Weekly \_\_\_ Monthly \_\_\_ City \_\_\_\_\_  
 Card Nickname (Optional): \_\_\_\_\_ State, Zip \_\_\_\_\_  
 No Nickname/No Text Printed on Card **e-Receipts Email Address** \_\_\_\_\_ Apply to All Cards

CARD 2

Card Contact Individual (Required): \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Card Spending Limit (Optional): \_\_\_\_\_ **Select One:** Weekly \_\_\_ Monthly \_\_\_ City \_\_\_\_\_  
 Card Nickname (Optional): \_\_\_\_\_ State, Zip \_\_\_\_\_  
 No Nickname/No Text Printed on Card **e-Receipts Email Address** (if different from Card 1) \_\_\_\_\_

CARD 3

Card Contact Individual (Required): \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Card Spending Limit (Optional): \_\_\_\_\_ **Select One:** Weekly \_\_\_ Monthly \_\_\_ City \_\_\_\_\_  
 Card Nickname (Optional): \_\_\_\_\_ State, Zip \_\_\_\_\_  
 No Nickname/No Text Printed on Card **e-Receipts Email Address** (if different from Card 1) \_\_\_\_\_

CARD 4

Card Contact Individual (Required): \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Card Spending Limit (Optional): \_\_\_\_\_ **Select One:** Weekly \_\_\_ Monthly \_\_\_ City \_\_\_\_\_  
 Card Nickname (Optional): \_\_\_\_\_ State, Zip \_\_\_\_\_  
 No Nickname/No Text Printed on Card **e-Receipts Email Address** (if different from Card 1) \_\_\_\_\_

CARD 5

Card Contact Individual (Required): \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Card Spending Limit (Optional): \_\_\_\_\_ **Select One:** Weekly \_\_\_ Monthly \_\_\_ City \_\_\_\_\_  
 Card Nickname (Optional): \_\_\_\_\_ State, Zip \_\_\_\_\_  
 No Nickname/No Text Printed on Card **e-Receipts Email Address** (if different from Card 1) \_\_\_\_\_

**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](mailto:THDProPurchase@interlinebrands.com) or contact a customer service representative at 800.401.7299.**