

INFORMATIONAL SHEET | APPLICATION



APPLICATION

ENTITY & CONTACT INFORMATION

Entity Name _____ EIN# _____

Program Admin./Title _____ Passcode* _____

Program Admin. Backup/Title _____ Passcode* _____

*Select a four-digit numeric passcode to authenticate the caller.

Physical Address/City/State/ZIP _____

Mailing Address (if different from physical)

Phone _____ Fax _____

Email Address _____ Fiscal First Month (Ex: YE-January) _____

Note:

1. A unique PNC DDA will be established for this program.
2. The EasyProcure billing cycle is based upon 30 calendar days and ends on the 25th of every month.
Payment terms are 7 calendar days after the end of the cycle.



PROCUREMENT CARD PROGRAM INFORMATION

1. Do you currently have a procurement or purchasing card program in place? Yes No
 - If yes, a. How many cardholders/accounts do you currently have? _____
 - b. What is your current monthly spend for the program? \$ _____
 - c. How long has the program been active (beyond pilot)? _____
 - d. Is your procurement card program an A/P solution or a Distributed Card program
2. What are the anticipated uses for the procurement card program? _____

3. What is your anticipated annual procurement card program spend volume in dollars? \$ _____
4. What total monthly credit limit are you requesting? \$ _____
5. Have you already discussed a procurement card program with a PNC Bank representative? Yes No
 - If yes, with whom did you discuss this program? _____
6. Which EasyProcure program structure are you enrolling in?
 - a. Distributed Card program
 - Would you like to have your tax exempt number on your procurement cards? Yes No
 - b. ActivePay (A/P solution) program

Send completed application to EasyProcure or an authorization letter to transfer from an existing PNC P-card program to EasyProcure: OhioEasyProcure@pnc.com

Signature _____ Date _____

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