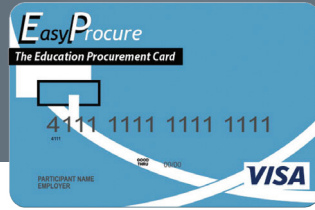


APPLICATION



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) _____

SPONSORING ENTITIES



PURCHASING 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
- Do you plan to utilize the general ledger auto-posting feature in the program? Yes No
- What financial software package do you utilize for A/P processing? _____
- Does your entity use a centralized electronic purchase order system? 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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