



Purchasing Card Application

* Required Fields

Country*

US

Operating Unit (Central Bill)*

GRD LLC 711

Date*

Employee Information

Last Name*

First Name*

MI

Title

Business Address*

1805 Southport Rd

Business Phone 1

City*

Spartanburg

State/Province*

SC

Zip/Postal Code*

29306-6270

Business Phone 2

Date of Birth* SSN/SIN (Last 6)*

XXX-

Master Accounting Code

Business Email Address*

Cardholder Signature*

Signature Date*

Card Account Information

Monthly Credit Limit*

Single Transaction Limit*

Hierarchy/Division Assignment

User Access/Proxy/Approver Information

Check if cardholder needs ActivePay user access:

If above box is checked the cardholder will be granted basic view access and will receive login information from PNC Bank via email. If the cardholder needs a different access type other than basic view (program admin role, local admin role, manager/approver, etc.) please contact corporate for user set up.

Proxy Delegate, if needed

Workflow Approver, if applicable

Additional Notes

Please specify any specific restrictions, default code mapping, etc.

Approvals

Manager Name

*

Manager Signature

Signature Date

*

Submit completed application, along with signed cardholder agreement, to your local PCard administrator

Allow 4-5 business days for card delivery

INSTRUCTIONS ON HOW TO COMPLETE A PURCHASING CARD APPLICATION

The Purchasing Card Application form is used for obtaining a new PCard. If you need to make changes to an existing account, please contact your Local PCard Administrator.

*Required Fields

Employee Information

***Last Name and First Name** – The cardholder's first and last name will be embossed on the card according to how it is entered in these fields. Enter employee's name as shown on payroll records. Both the middle initial and job title is optional.

***Business Address, City, State/Province, and Zip/Postal Code** – This is the street address where a replacement PCard would be mailed to, if the cardholder were to ever lose their PCard or have their PCard stolen. The original PCard will be mailed to the company address that the Program Administrator provided when the company's account was opened, but replacement PCards will be sent to this business address.

Business Phone Numbers – Enter the cardholder's business phone number(s) here.

***Date of Birth** (mm/dd/yyyy) – The cardholder's month, day, and year of birth is used to verify their identity when calling the bank for support.

***SSN/SIN** – Enter the last 6 digits of the Social Security Number or Social Insurance Number – note that the last 4 digits of this number will be required when the cardholder calls the bank to activate the card, and any other time they need to identify themselves when communicating with the bank.

Employee ID – Enter the cardholder's employee identification number, if applicable.

Business Email Address – Enter the employee's email address, if applicable. Note that this field is required if the cardholder needs to be granted ActivePay User Access.

***Cardholder Signature** – The cardholder signs here to confirm that all information entered is correct.

Card Account Information

***Monthly Credit Limit** – This field designates the cardholder's monthly spending limit. This limit refreshes the day after each billing cycle ends.

***Single Transaction Limit** – This field dictates the maximum amount that may be charged during a single transaction.

Hierarchy Assignment – Specify the Hierarchy this card should reside under, if applicable. If operating unit has no hierarchy built, this field can be left blank.

User Access/Proxy/Approver Information

(Section only applicable if operating unit is using ActivePay to code online)

ActivePay User Access Checkbox – If the cardholder needs access in ActivePay in order to review/code their transactions or to submit transactions to managers for approval (if using ActivePay for transaction approvals) check this box – they will be granted basic view access and will receive login information from PNC Bank via email. If the cardholder needs a different access type besides basic view (such as program admin access, local admin role, manager/approver, etc.) please contact corporate for user set up.

Proxy Delegate – if the cardholder needs to be assigned a specific proxy, instead of being given access themselves or relying on the delegate assigned to their hierarchy (if applicable) for review/coding/etc. designate that proxy in this box.

Workflow Approver – if using ActivePay for transaction approvals, please designate the Workflow Approver (the manager who will be approving transactions in the system) in this box.

Additional Notes

Please specify any specific restrictions, default code mapping, etc. Include any additional notes pertaining to this applicant.

Approval

Manager Name and Signature - The cardholder's immediate manager signs the application if he/she agrees that this employee should have a PCard. This is not a required field, but it is recommended.

***Controller Name and Signature** – The controller (or CFO if Controller's absence) must sign off on all Purchasing Card applications submitted for their company. An email approval may be attached to the email sent to corporate containing a purchasing card application in lieu of a wet signature.

Quanta Services, Inc.

Purchasing Card

CARDHOLDER AGREEMENT

You have been granted the privilege of receiving a Quanta Services Purchasing Card ("PCard"). Your participation in the Quanta PCard program is a convenience that carries responsibilities along with it. Although this card is issued in your name, it is the property of Quanta Services and should be used with good judgment. By signing this agreement, you acknowledge that you understand and will comply with all of the Quanta PCard guidelines, as listed below:

1. I accept full personal responsibility for the safekeeping of the PCard assigned to me, and understand that absolutely no one, other than myself, is permitted to use the PCard assigned to me.
2. I will be making financial commitments on behalf of Quanta and its direct and indirect operating subsidiaries and will purchase only necessary items and pay a fair and reasonable price for items that I purchase.
3. I have read and agree to follow all procedures established for use of the PCard outlined in the Purchasing Card Policy and Procedures ("PCard Policy") and in accordance with the Quanta Code of Ethics and Business Conduct.
4. I understand I have a specific transaction limit, and will not split a single transaction into multiple transactions in order to circumvent the transaction limit.
5. I understand that the use of the PCard for personal purchases is strictly prohibited and unauthorized. I will not use the PCard, under any circumstances, for personal use.
6. I will immediately report the theft or loss of my PCard to PNC Bank 1-800-685-4039
7. I understand that I cannot use the PCard as a financial reference to obtain personal credit cards or loans.
8. I understand that I am personally responsible for obtaining all original detailed receipts (purchase and credit documents) and submitting them in accordance with the PCard Policy.
9. I understand that any purchases made by me will be recorded and audited to ensure compliance with the PCard Policy.
10. I understand that failure to follow any of the terms of this Agreement, or any misuse of the PCard in any manner may result in the revocation of PCard privileges and appropriate disciplinary action, which may include termination of employment and/or criminal charges being filed with the appropriate authorities.
11. I agree to surrender the PCard immediately upon request or upon termination of employment for any reason.

Cardholder Name: * _____

Date: * _____

Operating Unit: _____

Cardholder Signature: _____