**Odfjell Supplier Enablement Registration Form**

The sections below require you to provide:

1. Your company information.
2. Information regarding the individual at your company who will be invited to the portal and the primary account manager (if it’s the same person for both please fill in only one section).
3. Information regarding your primary contact for **Odfjell Terminals US** account.
4. **Please fill out the form below and return it to** [OTUSSupplierEnablement@odfjell.com](mailto:OTUSSupplierEnablement@odfjell.com).

**Supplier Information**

|  |  |
| --- | --- |
| Supplier Name |  |
| Address |  |
| City |  |
| State |  |
| Zip |  |

**Person who will be invited to the CSP**

(Recipient of the CSP invite & Admin of the CSP that will manage your user’s access)

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |

**Primary Account Manager for Odfjell Account**

(Please add PO email address if different from Primary Account Manager email)

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |
| PO Email |  |

**Additional Supplier Contact information for Odfjell Account**

(If applicable)

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |