Supplier Registration User Guide

Prospective Supplier Registration Links for PROD by BU

CAD Business Unit:
https://fa-ewrm-saasfaprod1.fa.ocs.oraclecloud.com/fscmUI/redwood/supplier-registration/register-supplier/register-supplier-verification?id=Ei4sO1MgEe2nGUajSV66Kssw9SuK3VNh38Ryu3D28Ba%2F06tNh0B5a6qWwQ%3D%3D
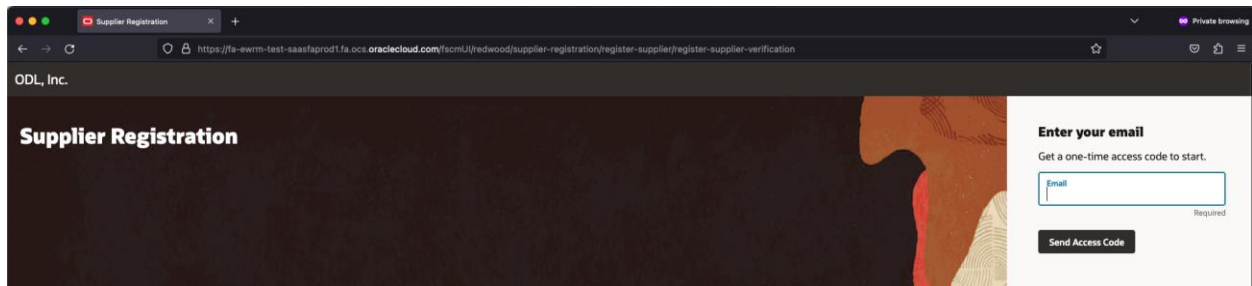
USD Business Unit:
https://fa-ewrm-saasfaprod1.fa.ocs.oraclecloud.com/fscmUI/redwood/supplier-registration/register-supplier/register-supplier-verification?id=Ei4sO1MgEe2nGUajSFi4Kssw9SuK3VNh38RyIw3p0jtmN2axcukZjobi6Q%3D%3D

MXN Business Unit:
https://fa-ewrm-saasfaprod1.fa.ocs.oraclecloud.com/fscmUI/redwood/supplier-registration/register-supplier/register-supplier-verification?id=Ei4sO1MgEe2nGUajSly0Kssw9SuK3VNh38Ryo7V7693fG1wNzIUSykIVAw%3D%3D

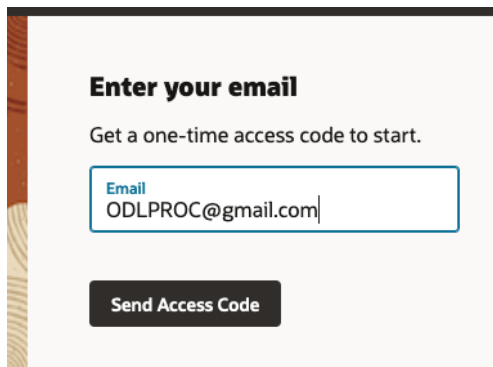# US Business Unit Supplier Registration:

Step1: Send Supplier the URL to register
Step2: Supplier Opens the Link to access the ODL prospective supplier registration page
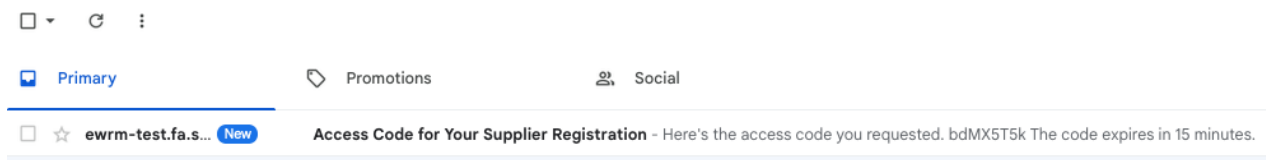
Enter email to receive a one time access code to start

Ex:

A one-time code is sent to the email address

Access Code for Your Supplier Registration Inbox ×

ewrm-test.fa.sender@workflow.mail.us2.cloud.oracle.com
to ODLPROC ▾

Here's the access code you requested.

bdMX5T5k

An ImageThe code expires in 15 minutes.

Enter the code in the registration page and select "Continue"

Enter your code

Use the code we've sent to email
ODLPROC@gmail.com.

The code expires in 15 minutes.

Access Code
bdMX5T5k

Continue

Get a new code

Step3: Supplier Users are navigated to the Company Details page

Enter the Company Name (Required)
Enter the Website (optional)
Country (required)
Enter either the Taxpayer ID, Tax Registration Number of the DUNS Number. At least one of these are required

Select the Organization Type from the drop down (optional)
Select the supplier type from the drop down (optional)
Enter a note to approver (optional)

Add any document by dragging and dropping them or an URL that contains the documents.

Click Continue to enter the contacts details

Contacts:

Enter the Contact details, email (required)
Phone, Fax (optional)

Enter additional details for Administrative Contact, and if the user required access to the supplier portal.

If access to the supplier portal is required, select the roles. As a default all the roles are selected.

Add additional contacts as required

Click on the continue button to navigate to the next section

ADDRESSES:

Enter the Address Name. Supplier Location (required)

Addresses

Enter at least one address.

Address 1

| Address Name | What's this address used for? Select at least 1 purpose. |
| Los Angeles | ☑ Receive Purchase Orders ☑ Receive Payments ☐ Bid on RFQs |

Country/Region
United States

| Address Line 1 | Address Line 2 | Address Line 3 |
| 1234 Main t | | |

| Address Line 4 | Channel Name | City |
| | | Los Angeles |

| State | Postal Code | County |
| CA | 90003 | Los Angeles |

| Email | Country | Phone | Ext |
| | US | +1 | |

| Country | Fax |
| US | +1 |

Which contacts are associated to this address?

| ☑ | Jack Smith | odlproc@gmail.com | Administratior |

Select how the address will be used. At least one of the purposes is required.

Select the contact from the previous section if required

Add additional addresses by selecting the add another address button.

+ Add Another Address
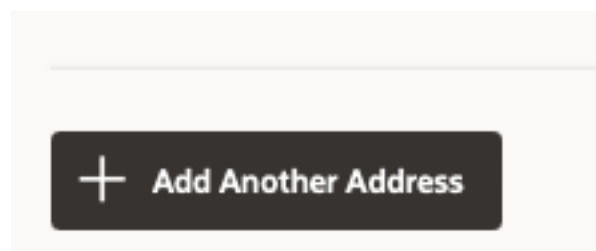
Follow the same steps as above.

Navigate to the next section, by clicking on the continue button

[Business Classifications: (optional section)](#)

Click on the drop down and select any classifications that are applicable.

Enter the details.

Add documents if applicable, like the certification documents.

Add additional classifications by selecting the "Add Another Business Classification" button

Note: If none of the classifications are applicable select "None of the classifications are applicable"

Select the continue button to navigate to the next section

Bank Accounts:

Enter the Banking information

Select the Routing number from the drop down

Supplier Registration
Bank Accounts

Bank account 1

Country
United States ▼

Routing Number
| ▼

Bank ▼

Routing Number	Bank	Bank Branch
107005047	FIRST BANK	107005047
061100606	SYNOVUS BANK	61100606
272483633	ADVIA CREDIT UNION	272483633
124001545	JPMORGAN CHASE BANK NA	124001545
031207607	PNC BANK NA	031207607
042100146	CENTRAL BANK & TRUST	042100146

Enter the Account Number, Currency, Account Type and the Account Holder information

Supplier Registration
Bank Accounts

Bank account 1

Country
United States ▼

Routing Number
124001545 ▼

Bank
JPMORGAN CHASE BANK NA ▼

Bank Branch
124001545 ▼

Account Number
12345637488

Currency
US Dollar ▼

Account Type
Checking ▼

Account Holder
TEST Supplier

＋ Add Another Bank Account

If your bank is not listed, save the registration(this sends a link to the email of the person registering) and contact ODL AP associate. Once the Bank is setup you can then continue the registration by selecting the link that was emailed when you saved the registration.

To enter additional accounts, select the "Add Another Bank Account" button.

To continue to the next section, select the "Continue" button

Products and Services: (optional)

Select the applicable products and services that you offer

Expand the category by selecting the arrow to reveal sub categories.

☑	▼ 🗀 IT	IT
☑	▶ 🗀 IT Consultant	IT Consultant
☑	▶ 🗀 IT Equipment, Accessories / Supplies	IT Equipment, Accessories / Supplies
☑	▶ 🗀 IT Managed Services	IT Managed Services
☑	▶ 🗀 IT Software	IT Software
☑	▶ 🗀 IT Subscription Provider	IT Subscription Provider

Select all applicable

Click continue to navigate to the next section

Questionnaire

Supplier Registration

Questionnaire

W-9 ⊖   FPUR-008 ⊖

W-9 ⊖ (Section 1 of 2)

1. Please attach a signed copy of your W-9

Required

⦿ a. W-9

Required

> **Add Attachments**

End of Section 1 of 2

> Previous Section   **Next Section**

1. Add the W-9 by selecting the "Add Attachments" button

Drag and Drop
Select or drop files here.

| URL | Add URL |

📄 W-9 - Training.pdf   Last updated on 10/29/2023   ⬇   ⊗
                                         129.05 KB

Drag and drop the completed and signed W-9 document

Close the attachments by selecting the X

Navigate to the next section by selecting the "Next Section"

Supplier Registration
Questionnaire

W-9 ⬤   **FPUR-008** ⬤

W-9 ⬤ (Section 1 of 2)

1. Please attach a signed copy of your W-9
Required

◉ a. W-9

Required
📎 Add Attachments

End of Section 1 of 2

| Previous Section | Next Section |

2. Please complete and attach the supplier evaluation questionnaire.

Supplier Registration
Questionnaire

W-9 ✅   FPUR-008 ◒

FPUR-008 ◒ (Section 2 of 2)

2. Please complete the attached supplier evaluation questionnaire
💡 Download the attached questionnaire, complete and upload
🔗 View attachments
Required

○ a. Completed FPUR-008

```
Comments
```

3. Please attach requested document attachments

☐ a. Company Brochure

☐ b. Company Organizational Chart (Broad)

☐ c. Map or detailed listing of Distribution Centers

☐ d. QA / QC Organizational Chart (Broad)

☐ e. Quality Policy and/ or Mission Statement

☐ f. Quality objectives for Present Fiscal Year

☐ g. Quality Manuals or Table of Contents

☐ h. SOP Index/ Master List of Controlled QMS Documents

☐ i. Process Capability Analysis (if applicable)

☐ j. On Time & In Full Delivery Performance

☐ k. Pareto of External Failure Modes

☐ l. Process of Flow Diagram(s) (for part(s) of interest)

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Comments
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Click on the "View Attachments", On the right download the attachment

Click on the download icon

Once the document is downloaded, complete the questionnaire and upload it back to the registration page

ODL Supplier Evaluation Questionnaire

✓ Before completing this form, confirm that a Mutual Non-Disclosure Agreement (NDA) has been signed and executed. ☐ Yes ☐ No

1. Company Basic Information

Company Name		Shortened Name
Corporate Office Name		Street Address, City, State / Province, Country, Postal Code	
Primary Manufacturing Facility Name (If different than Corporate)		Street Address, City, State / Province, Country, Postal Code	
Secondary / Backup Manufacturing Location Name		Street Address, City, State / Province, Country, Postal Code	
Other Manufacturing Location Name		Street Address, City, State / Province, Country, Postal Code	
Off-Site Warehouse Name (If applicable)		Street Address, City, State / Province, Country, Postal Code	
D-U-N-S Number		Industry Sector (please select from list)	

Business Type (please select one)	○ Manufacturing ○ Service ○ Sales Company ○ Import & Export ○ R&D ○ Chamber, association ○ Investment ○ Government or other public institution ○ Purchasing ⦿ Others	Supplier Type	☐ Manufacturer ☐ Distributor ☐ Agent / Broker ☐ Distributing Manufacture ☐ Other	Explain as necessary:

Capital Type (please select one)	☐ Investment Holding Company ☐ Wholly Owned Subsidiary ☐ Limited Liability Company ☐ Share Holding Company ☐ Listed Company ☐ Joint-Venture ☐ Privately Held ☐ Other _____	Explain as necessary:

Main Processing / Core Competency / Manufacturing Technology	

Import & Export Capability?	☐ Yes ☐ No	Please provide documentation to show import / export authority or licensing.	☐ OEM - Finished Goods ☐ Aftermarket - Components

What do you believe are the characteristics or capabilities of your company that sets you apart from your competition?	
Describe the long-term strategies of your company in terms of technology development, plant capacity, product mix, capital investment, manpower, etc...	

Website		Year Company Established	

Annual Capacity (Local Currency or Volume)		Annual Sales (Local Currency)			Headcount	

Trademarks / Brands (for intended commodity)	Trademark 1	Trademark 2	Trademark 3	Trademark 4	Trademark 5

2. Contacts

Name	Title	Office Phone (+Extension)	Mobile Phone	E-mail Address

To upload the completed questionnaire,
Select the "Completed FPUR-008" box and click on the "Add Attachments".

A screen is displayed on the right. Drag and drop the completed questionnaire

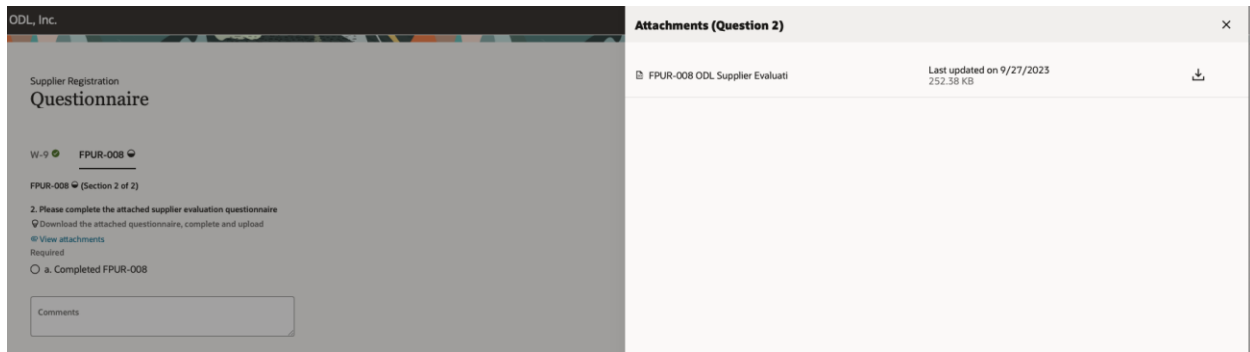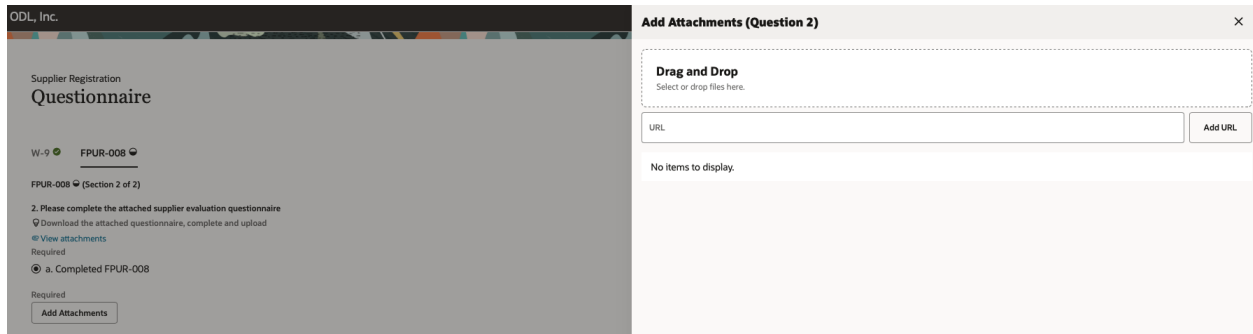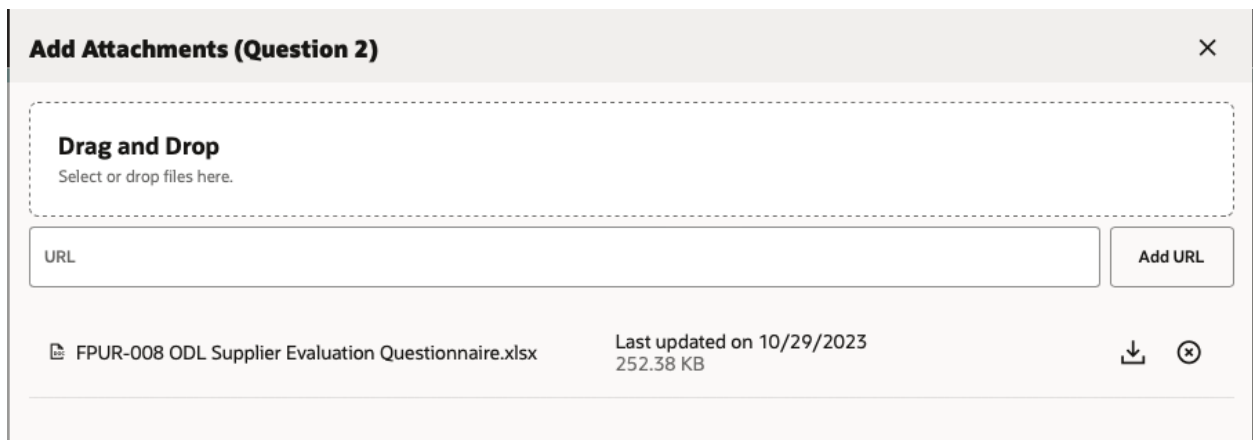Close the attachments section.

Complete Questions 3 and 4 (optional)

3. Please attach requested document attachments

☐ a. Company Brochure

☐ b. Company Organizational Chart (Broad)

☐ c. Map or detailed listing of Distribution Centers

☐ d. QA / QC Organizational Chart (Broad)

☐ e. Quality Policy and/ or Mission Statement

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☐ j. On Time & In Full Delivery Performance

☐ k. Pareto of External Failure Modes

☐ l. Process of Flow Diagram(s) (for part(s) of interest)

> Comments

4. Please attach any related pictures (Facilities, Plant Floor, Applicable Equipment, Finished Goods, etc...)

○ a. Related Pictures of (Facilities, Plant Floor, Applicable Equipment, Finished Goods, etc...)

> Comments

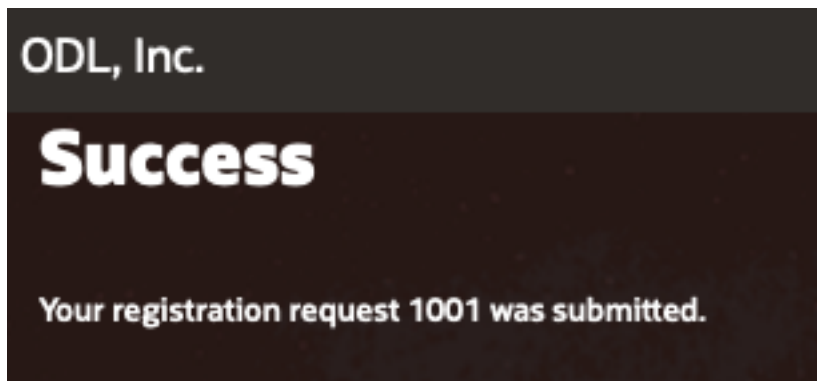Once all the details are entered, submit the registration for evaluation by clicking on the submit button

Cancel   Save   **Submit**

A message is displayed

Now the registration is submitted to ODL for review and approval.

Once approved an email is sent to the administrative contact and supplier portal access for users is created.

Separate emails are sent once the users are created

Registration Approval email:

Supplier Registration Request 1001 Was Approved Inbox ×

ewrm-test.fa.sender@workflow.mail.us2.cloud.oracle.com
to me ▾

ODL INC (ODL USD Business Unit)
Your Supplier Registration Request was Approved

Request Number	1001
Request Date	03 October 2023
Requested By	odlproc@gmail.com
Company	HK Wireless Systems

An ImageUser account information will be sent in a separate email.

↩ Reply   ↪ Forward

Supplier User Email:

Oracle Fusion Applications-Welcome E-Mail Inbox ×

ewrm-test.fa.sender@workflow.mail.us2.cloud.oracle.com
to me ▾

Dear Jack Smith,

Congratulations! Your Oracle Fusion Applications account has been successfully created.

Please follow the link below to reset your password.

https://fa-ewrm-test-saasfaprod1.fa.ocs.oraclecloud.com:443/hcmUI/faces/ResetPassword?ase.gid=d5dc66962fd347ee94e9c89e54220f4d

For any issues, contact your system administrator.

Thank You,
Oracle Fusion Applications