

# WHAT IS NEEDED TO COMPLETE REGISTRATION?

Enter Information in all fields marked with \*(You may enter information in the other fields if you know it).

**Prospective Supplier Registration**  
\* Indicates required field

Blank label for instruction text

**Company Details**

At least one tax id is required to be able to complete the registration request.

\* Company Name

Tax Country

Tax Registration Number

\* Taxpayer ID

DUNS Number

Where provided, the tax country will be used to validate the format of the Tax Registration Number and/or Taxpayer ID.

**Contact Information**

If you do not receive an email confirmation about your registration at the end of your process, you may have entered an incorrect email address. Please call Metro to update your registration.

\* Email

\* First Name

\* Last Name

\* Phone Area Code

\* Phone Number

Phone Extension

## Enter Industry Classification

**Prospective Supplier Registration: Additional Details**  
See Supplier Registration Guide for Details

Back Save For Later Register

Company Name abc  
Tax Country  
Tax Registration Number  
Taxpayer ID 62615621  
DUNS Number  
Alternate Supplier Name

\* Industry Classification

National Insurance Number  
Note to Buyer

Note to Supplier

**Address Book**

At least one entry is required.

Create

Address Name	Address Details	Purpose	Update	Delete
No results found.				

The industry classification is text field. This is not a searchable field. The industry classification is a summary of what services your organization provides. Additional information about types of industry classifications can be found at <http://www.osha.gov/pls/imis/sicsearch.html>.

# WHAT IS NEEDED TO COMPLETE REGISTRATION?

Click Create

Prospective Supplier Registration: Additional Details  
See Supplier Registration Guide for Details

Back Save For Later Register

Company Name abc  
Tax Country  
Tax Registration Number  
Taxpayer ID 62665621  
DUNS Number  
Alternate Supplier Name  
\* Industry Classification tools  
National Insurance Number  
Note to Buyer  
Note to Supplier

Address Book  
At least one entry is required.

Create

Address Name	Address Details	Purpose	Update	Delete
No results found.				

Enter information in all fields marked with\*

Create Address  
\* Indicates required field

Cancel Apply

\* Address Name  
Country United States  
\* Address Line 1  
Address Line 2  
Address Line 3  
Address Line 4 Address Line 4  
\* City/Town/Locality  
\* County  
\* State/Region  
Province  
\* Postal Code

Phone Area Code  
Phone Number  
Fax Area Code  
Fax Number  
Email Address

Purchasing Address  
 Payment Address

Cancel Apply

Privacy Statement Close Preferences Copyright (c) 2006, Oracle. All rights reserved.

Click apply

# WHAT IS NEEDED TO COMPLETE REGISTRATION?

You may want to enter more than one contact for your organization.

## Enter additional contacts as needed

**Create Contact** - Windows Internet Explorer  
https://isupplier.nashville.gov/OA\_HTML/OA.jsp?page=/oracle/apps/pos/onboard/webui/ProspectRegDetailsPG&\_ti=1570

Metro Nashville Procurement iSupplier Portal

**Create Contact**  
\* Indicates required field

Contact Title [v]  
First Name [ ]  
Middle Name [ ]  
\* Last Name [ ]  
Job Title [ ]  
Department [ ]

Contact Email [ ]  
Phone Area Code [ ]  
Phone Number [ ]  
Phone Extension [ ]  
Fax Area Code [ ]  
Fax Number [ ]

**Supplier User Account**  
 Create User Account For The Contact

Cancel Apply

Close Preferences

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**NOTE:** The system will send out notifications to the first alphabetical last name listed for the organization. Vendors are strongly encouraged to setup a distribution email on within their company to ensure that correct individuals receive the notifications.

## Click create under Products and Services

Prospective Supplier Registration: Additional Details - Windows Internet Explorer  
https://isupplier.nashville.gov/OA\_HTML/OA.jsp?page=/oracle/apps/pos/request/webui/AddSupplierContactPG&\_ti=1

Classification

Classification	Applicable	Ownership type	Contract number	Verifying Agency	Expiration Date
Blind	<input type="checkbox"/>		[ ]	[ ]	[ ]
Federal DBE	<input type="checkbox"/>		[ ]	[ ]	[ ]
Minority/Woman Owned	<input type="checkbox"/>	[v]	[ ]	[ ]	[ ]
Service-disabled Veteran Owned	<input type="checkbox"/>		[ ]	[ ]	[ ]
Small Business	<input type="checkbox"/>		[ ]	[ ]	[ ]

TIP Date format example: 22-Nov-2012

**Products and Services**  
At least one entry is required.

**Create**

Code	Products and Services	Delete
No results found.		

**Attachments**  
Add Attachment

# WHAT IS NEEDED TO COMPLETE REGISTRATION?

Select all applicable products and services

Click "Next 10" to view other available product & services

Prospective Supplier Registration: Additional Details >  
Add Products and Services: : (abc)

Browse All Products & Services  
 Search for Specific Code and Product

Code	Products and Services	View Sub-Categories	Applicable
00000000	Default		<input type="checkbox"/>
10000000	Live Plant and Animal Material and Accessories and Supplies		<input type="checkbox"/>
10100000	Live animals		<input type="checkbox"/>
10110000	Domestic pet products		<input type="checkbox"/>
10120000	Animal feed		<input type="checkbox"/>
10130000	Animal containment and habitats		<input type="checkbox"/>
10140000	Saddlery and harness goods		<input type="checkbox"/>
10150000	Seeds and bulbs and seedlings and cuttings		<input type="checkbox"/>
10160000	Floriculture and silviculture products		<input type="checkbox"/>
10170000	Fertilizers and plant nutrients and herbicides		<input type="checkbox"/>

Previous 1-10 Next 10

Cancel Apply

When all appropriate products and services have been selected, Click Apply

Select appropriate Business Classification if applicable

Create

First Name	Last Name	Phone	Email	Requires User Account	Update	Delete
Bob	Smith	615-340-5627	bobsmith@gamil.com	✓		

**Business Classifications**

Classification	Applicable	Ownership Type	Certificate Number	Certifying Agency	Expiration Date
Blind	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal DBE	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Minority/Woman Owned	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service-disabled Veteran Owned	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Small Business	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

**TIP** Date format example: 22-Nov-2012

**Products and Services**

At least one entry is required.

# WHAT IS NEEDED TO COMPLETE REGISTRATION?

Click add attachments to attach W9 and ACH forms

Prospective Supplier Registration: Additional Details - Windows Internet Explorer

https://isupplier.nashville.gov/OA\_HTML/OA.jsp?page=/oracle/apps/pas/sonboard/webui/FlexRegAddPSReqPG&search

File Edit View Favorites Tools Help

Prospective Supplier Regi... x Vendor Ledger Inqui... - Sup...

Blind

Federal DBE

Minority/Woman Owned

Service-disabled Veteran Owned

Small Business

TIP Date format example: 22-Nov-2012

**Products and Services**

At least one entry is required.

Create

Code	Products and Services	Delete
00000000	Default	

**Attachments**

Add Attachment...

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
No results found.								

Back Save For Later Register

Provide title and description for each file,

iSupplier Portal

Close Preferences

Prospective Supplier Registration: Additional Details >

Add Attachment

Cancel Add Another Apply

Add Desktop File/ Text/ URL

**Attachment Summary Information**

Title

Description

Category Miscellaneous

**Define Attachment**

Type  File  URL  Text

Browse...

Attachment Text

Browse to select appropriate file

You may add another file by clicking add another or you may click apply

# WHAT IS NEEDED TO COMPLETE REGISTRATION?

Once all information has been entered click register to complete the registration.

**Metro Nashville Procurement** iSupplier Portal

Prospective Supplier Registration: Additional Details  
See Supplier Registration Guide for Details

Buttons: Back Save For Later **Register**

Company Name: abc  
Tax Country: [ ]  
Tax Registration Number: [ ]  
Taxpayer ID: 62662626  
DUNS Number: [ ]  
Alternate Supplier Name: [ ]  
\* Industry Classification: tools  
National Insurance Number: [ ]  
Note to Buyer: [ ]  
Note to Supplier: [ ]

**Address Book**  
At least one entry is required.  
Create

Address Name	Address Details	Purpose	Update	Delete
abc	123 2nd ave, TN 37167 United States	RFQ Only	[Pencil]	[Trash]

**Contact Directory**  
At least one entry is required.