



Transportation Management System

Single-sign-on (SSO) information request form

Vendor ID	<input type="text"/>	<i>If not known, provide an active PO</i>
Active PO	<input type="text"/>	
Contact name	<input type="text"/>	
Contact phone number	<input type="text"/>	
Contact email address	<input type="text"/>	

This form is to be completed by a contact at the vendor.

This contact will be responsible for providing login and password information to all parties that route purchase orders for their company.

Please be aware and understand, that this contact will be the ONLY person who will have access to our TMS for routing.

If there is more than one person that may route purchase orders in our TMS, for example, personnel at each ShipFrom location, this contact is responsible to provide login credentials to those others.

We **WILL NOT** provide access to several individuals.