

## Katag BSN OSP Registration Form

### Ship to Information

**Company Name\***

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**Katag Factory Code\***

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**Contact First Name\***

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**Contact Last Name\***

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**Address 1\***

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**Address 2**

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**Address 3**

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**Town\***

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**Country\***

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**Zip Code\***

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**Phone\***

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**Email\***

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**Carrier Company**

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**Carrier Account No.**

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**Language**

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\* = mandatory

You will receive an BSN OSP activation email to activate your account online when the Katag BSN OSP Registration Form has been approved and processed.