

 AD SHIPPING <small>DESCUBRIENDO OS SEUS MARES POR VOCE</small>	<h1>AGENCY AGREEMENT</h1>	FORM 05 – COM
		Rev. 00
		Pág. 1 de 2

INTERNATIONAL AGENT REGISTRATION FILE

COMPANY DETAILS (MAIN OFFICE)

VENDOR ID: 149071	
COMPANY NAME: GTLOGISTICS, S.A	
TAX ID: J0310000001383	
OWNER NAME : OSKAR CASTELLON	CELL PHONE NUMBER:
ADDRESS: KM 8.5 CARRETERA NORTE SUBASTA 800 MTS AL LAGO-MANAGUA NICARAGUA	
ZIP CODE:11018	CITY: MANAGUA
WEBSITE:	STATE:
TELEPHONE: 2252-1966	COUNTRY: NICARAGUA
FAX :	NETWORK:
COMPANY REGISTRATION DATE:	TOTAL EMPLOYEES: 13
IATA (yes/no) :	FIATA (yes/no) :

ADMINISTRATIVE CONTACT (BILLING DEPARTMENT)

FIRST NAME: KEVIN ALEXANDER	LAST NAME: CERDA VINDEL
DEPARTMENT: CONTABILIDAD	DESIGNATION: CONTABILIDAD
EMAIL: contadorgeneralnic@corporaciongtl.com	CELL PHONE NUMBER: +505-8416-3041
DIRECT PHONE NUMBER: +505-8416-3041	SKYPE ID:

MAIN OPERATIONAL CONTACT

FIRST NAME : NORWIN FRANCISCO	LAST NAME: ZAPATA LACAYO
DEPARTMENT: OPERACIONES	DESIGNATION: OPERACIONES
EMAIL: operaciones.nic@corporaciongtl.com	CELL PHONE NUMBER:
DIRECT PHONE NUMBER: +505 8416 1406	SKYPE ID:

MAIN COMMERCIAL CONTACT

FIRST NAME :	LAST NAME:
EMAIL:	CELL PHONE NUMBER:
DIRECT PHONE NUMBER:	SKYPE ID:

OTHER CONTACTS

FIRST NAME :	LAST NAME:
EMAIL:	CELL PHONE NUMBER:
DEPARTMENT:	DESIGNATION:
DIRECT PHONE NUMBER:	SKYPE ID:

FIRST NAME :	LAST NAME:
DEPARTMENT:	DESIGNATION:
EMAIL:	CELL PHONE NUMBER:
DIRECT PHONE NUMBER:	SKYPE ID:

BANK DETAILS

BANK NAME: BANCO DE AMERICA CENTRAL NICARAGUA	BRANCH:	CURRENCY: USD
	ACC #: 355434077	KEY:
ABA #:	ROUTING #:	SWIFT: BAMCNIMA

CREDIT INFORMATION

CREDIT TERMS (DAYS): None. SOA must be settled every 1 month	CREDIT LIMIT U\$D: N/A	CURRENCY: USD
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SPECIAL INSTRUCTIONS

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PLEASE EMAIL THE COMPLETE REQUESTED INFORMATION, OTHERWISE IT WON'T BE POSSIBLE TO REGISTER IN OUR SYSTEM. PLEASE PROVIDE THE DOCUMENTS MENTIONED BELOW:

*THIS APPLICATION FOR REGISTRATION, COMPLETELY FILLED IN.

*AGENT LETTERHEAD, WITH ALL THE DATA AND BANK ACCOUNTS, SIGNED BY THE OWNER OR THE FINANCIAL MANAGER.



**AD
SHIPPING**
DESERAVANDO OS SETE MARES POR VOCE

AGENCY AGREEMENT

FORM 05 –
COM

Rev. 00

Pág. 2 de 2

AUTHORIZE (SOURCING)

FIRST NAME: OSKAR ELIAS

LAST NAME: CASTELLON

DATE: 12-06-2025

DESCRIPTION OF CRITERIA CONSIDERED FOR SOURCING FOR SUPPLIER SELECTION:

