

 <b>AD SHIPPING</b> <small>DESBRAVANDO OS SETE MARES POR VOCÊ</small>	<h1>AGENCY AGREEMENT</h1>	FORM 05 – COM
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## INTERNATIONAL AGENT REGISTRATION FILE

### COMPANY DETAILS (MAIN OFFICE)

VENDOR ID:	
COMPANY NAME: : <b>INTERWORLD FREIGHT, S.A.</b>	
TAX ID: <b>155683520-2-2019 DV42</b>	
OWNER NAME : <b>JUAN MOSQUERA</b>	CELL PHONE NUMBER:
ADDRESS: <b>P.H. PLAZA CREDICORP BANK, PISO 6, OF 605, CALLE 50, PANAMÁ.</b>	
ZIP CODE:	CITY: PANAMA
WEBSITE:	STATE: PANAMÁ
TELEPHONE: <b>212-9148</b>	COUNTRY: PANAMÁ
FAX :	NETWORK:
COMPANY REGISTRATION DATE:	TOTAL EMPLOYEES: 21
IATA (yes/no) : YES	FIATA (yes/no) :

### ADMINISTRATIVE CONTACT (BILLING DEPARTMENT)

FIRST NAME: LINA	LAST NAME: SANCHEZ
DEPARTMENT: ADMINISTRATION	DESIGNATION:
EMAIL: <a href="mailto:lsanchez@interwf.com.pa">lsanchez@interwf.com.pa</a>	CELL PHONE NUMBER:
DIRECT PHONE NUMBER:	SKYPE ID:

### MAIN OPERATIONAL CONTACT

FIRST NAME : <b>JUAN</b>	LAST NAME: <b>PHILLIPS</b>
DEPARTMENT: <b>SALE SUPPORT SPECIALIST</b>	DESIGNATION:
EMAIL: <a href="mailto:jphillips@interwf.com.pa">jphillips@interwf.com.pa</a>	CELL PHONE NUMBER: 6816-5216
DIRECT PHONE NUMBER: 212-9148	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 GENERAL	BRANCH:	CURRENCY:
	ACC #:03-01-01-131460-1	KEY:
ABA #:	ROUTING #:	SWIFT: BAGEPAPA

### CREDIT INFORMATION

CREDIT TERMS (DAYS): None. SOA must be settled every 1 month	CREDIT LIMIT U\$: 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.

AUTHORIZE (SOURCING)		
FIRST NAME: JUAN	LAST NAME: MOSQUERA	DATE: 07/05/2025
DESCRIPTION OF CRITERIA CONSIDERED FOR SOURCING FOR SUPPLIER SELECTION:		