



Continuous Bond Application

CHB Name:
Importer Name:
Importer No.
DBA:

Corporation (State of Incorporation: __) / Partnership / Proprietorship / Individual
(If Partnership indicate if General or Limited
(If Proprietorship indicate name of Sole Proprietor: _____)
Co-Principals / Users: Yes No (If yes, add sheet with name, importer number, address)

Physical Address:
City/State/Zip Code:
Mailing Address:
City/State/Zip Code:
Phone:

Years in Business:

Activity Code: 1 1A 2 3 3A 4 5 Bond Amount Requested:
Effective Date Requested: mm/dd/yyyy (NOTE: CBP requires at least 15 days to file a bond)
Description of Merchandise to be Imported:

Country of Origin:

Is Merchandise Subject to Anti-Dumping / Countervailing Duties? Yes No

Is a current bond on file (same activity code)? Yes No

--- Has termination been sent on current bond? Yes No Termination date: mm/dd/yyyy

Has any Surety ever suffered a loss on the Principal's behalf? Yes No

Is the importer on Periodic Monthly Statement? Yes No

Does the importer require a Reconciliation Rider? Yes No

Previous Calendar Year

Value of Merchandise: \$

Estimated Duties: \$

Number of Entries:

Estimated For Next Calendar Year

Value of Merchandise: \$

Estimated Duties: \$

Number of Entries:

Certification

I certify that the factual information contained in this application is true and accurate and any information provided which is based on estimates is the best information available on the date of this application.

Signature of officer or attorney-in-fact

Date

Name and title - printed