

Continuous Bond Application

| CHB Name: | | | | |
|---|----------|--------|-------|--------------------------------------|
| Importer Name: | | | | |
| Importer Number: | | | | |
| DBA: | | | | |
| Corporation | artnersh | nip [|] / | Proprietorship |
| If Partnership, indicate if General ☐ or Limited ☐ | | | | |
| If Proprietorship, indicate name of Sole Proprietor: | | | | |
| Co-Principals / Users: Yes No (If yes, add s | sheet wi | ith Na | me, I | mporter Number, Address) |
| Physical Address: | | | | |
| City/State/Zip Code: | | | | |
| Mailing Address: | | | | |
| City/State/Zip Code: | | | | |
| Phone: | _ | | | Years in Business: |
| Activity Code: 1 | 5 🗌 | 16 [| | Bond Amount Requested: |
| Effective Date Requested: | (Note: | СВРі | equir | es at least 15 days to file a bond.) |
| For Activity Code 1 – Import Bonds Only – CBP 301 form, please fill out below: | | | | |
| | | | | |
| Description of merchandise to be imported: | | | | |
| Country(ies) of Origin: | | | | |
| Is merchandise subject to antidumping/countervailing duties? | Yes | | No | |
| Is a current bond on file (same activity code)? | Yes | | No | |
| Has termination been sent on current bond? | Yes | | No | |
| If yes, termination date: | | | | |
| Is the Importer on Periodic Monthly Statement? | Yes | | No | |
| Does the Importer require a Reconciliation Rider? | Yes | | No | |
| Has any Surety ever suffered a loss on Principal's behalf? | Yes | | No | |
| Previous Calendar Year | | | | 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 upon estimates is based upon the best information available on the date of this application. | | | | |
| Signature of officer or attorney-in-fact | | | | Date |
| Printed name and title | | | | |
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