CONTINUOUS BOND APPLICATION

BOND VALUE:

EFFECTIVE DATE REQUESTED (MM/DD/YY):

PRINCIPAL NAME:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE: FAX:

IRS/IMPORTER NUMBER:

IMPORTER'S BANK (NAME & BRANCH LOCATION):

COMMODITIES IMPORTED:

HTS#'S:

COUNTRIES OF ORIGIN:

SUBJECT TO ANTI DUMPING/COUNTERVAILING DUTY: No ☐ ; Yes ☐

IF YES, PLEASE PROVIDE CASE NUMBER IF KNOWN:

DESTINATION PORTS:

ESTIMATED DUTIES PAID LAST 12 MONTHS:

ESTIMATED VALUE OF SHIPMENTS LAST 12 MONTHS:

ESTIMATED DUTIES FOR THE NEXT 12 MONTHS:

ESTIMATED VALUE OF SHIPMENTS FOR THE NEXT 12 MONTHS:

NUMBER OF YEARS IN BUSINESS:

OTHER INFORMATION:

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 APPLICANT: X

NAME: TITLE:

DATE (MM/DD/YY):   EMAIL ADDRESS: