

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				