## **CUSTOMS CONTINUOUS BOND APPLICATION/INDEMNITY**

Principal Name:						Bond \$	Amount	
Importer Number:						Activ	ity Code:	
Address:								
Phone: ( ) Fax: ( )				How Long at Current Address? Yrs.				
Entity: Partnership	☐ Corporati	on			Indi	ividual/P	roprietorship	
Number of Years in	<b>Business:</b>	Yı	rs.					
Name of Principals			Bank Telephone: (			)		
Customs Broker Na	me:		Filer Nu	ımber:	Po	Port Code: (closest to CHB)		
Phone: (	)			Fax: (		)		
How long has Princi	Yrs. Mo	onths		•	nent History:			
Has the Company of	•		in a Cust	oms fraud	investi	gation? <b>L</b>		
Are Entries subject  ☐ No	to reconciliation	procedures?					□ Yes	
Has the Bond Princi							□ Yes □ No	
Have the immediate Has any Surety suff				r revoked	?		☐ Yes ☐ No ☐ Yes ☐	
No	crea a loss on the	1 Timerpar s bena	a11 •					
□ Duties paid by In			H with I				Terms – List Terms	
Type of Merchandise	Country of Origin	Merchandise Value Last Calendar Year	Mercha Value A Next Ye	Anticipated	Last Ca Year	ed Duties lendar	Estimated Duties Anticipated Next Year	
			I					
CERTIFICATION FOR C information which is based							this application is true and accurate and any	
information which is based The undersigned Principal below do(es) hereby affirm	d upon estimates is base (Indemnitor) agrees to	ed upon the best infor be bound by the Agre	mation avai	lable on the d	ate of this orth on the	application.	f this application. The individual(s) signing	
information which is based The undersigned Principal	d upon estimates is base (Indemnitor) agrees to	ed upon the best infor be bound by the Agre	mation avai	lable on the d	ate of this orth on the	application.	f this application. The individual(s) signing	
information which is based The undersigned Principal below do(es) hereby affirm Signature:	d upon estimates is base (Indemnitor) agrees to	ed upon the best infor be bound by the Agre	mation avai	lable on the d	ate of this orth on the	application.	f this application. The individual(s) signing	
information which is based The undersigned Principal below do(es) hereby affirm Signature:	d upon estimates is base (Indemnitor) agrees to	ed upon the best infor be bound by the Agre	mation avai	lable on the d	ate of this orth on the	application.	f this application. The individual(s) signing	
information which is based The undersigned Principal below do(es) hereby affirm Signature: Date:  Full Name and Title  CORPORATE APP Name of Corporation:	d upon estimates is based (Indemnitor) agrees to a that they are fully employed by the control of the control o	ed upon the best infor be bound by the Agre powered to bind, by s	mation avai	lable on the demnity set for res, the legal	ate of this orth on the	application. remainder o med as Princ	f this application. The individual(s) signing	

INDIVIDUAL / SOLE PROPRIETOR APPLICANT:							
Applicants Signature:	Applicant's Printed Name:						
Applicants Address:							
Date of Birth:S	SS#:						
Witness:	Witness's Printed Name:						
PARTNERSHIP APPLICANT:							
1). Partner's Signature:	Partner's Printed Name:						
2). Partner's Signature:	Partner's Printed Name:						
1). Applicants Address:	Date of Birth: SS#_						
Witness:	Witness's Printed Name:						
2). Applicants Address:	Date of Birth: SS#						
Witness:	Witness's Printed Name:						
Additional Partners may be listed on a Separate Pa	age						