

APPLICATION FOR CONTINUOUS CUSTOMS BOND

IMPORTER NAME: _____

IMPORTER FEDERAL I.D#: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

EMAIL: _____

PLEASE CIRCLE APPROPRIATE TYPE:

CORPORATION*

PARTNERSHIP*

INDIVIDUAL*

LLC*

SOLE PROPRIATORSHIP*

STATE OF INCORPORATION: _____

MERCHANDISE DESCRIPTION: _____

COUNTRIES OF ORIGIN: _____

IMPORTATIONS: LAST CALENDAR YEAR ESTIMATED NEXT CALENDAR YEAR

TOTAL VALUE ENTERED _____ _____

TOTAL DUTIES PAID _____ _____

I certify that the factual information contained in this application is true and accurate and any information provided which is fixed upon estimates and information available at the time of this application.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ COMPANY: _____