

U.S Customs Bond Application & Indemnity

Importer Name: _____

Importer Number _____

Individual / Sole Proprietorship Partnership Corporation, State of Incorporation _____

If Proprietorship, indicate name of Sole Proprietor _____

If Partnership, indicate if General _____ or Limited _____

Physical Address: _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Years in Business _____

Merchandise Information

Description of Merchandise _____

Country of Origin _____

Merchandise subject to FDA **yes** **no** Is FDA Merchandise subject to Automatic Detention **yes** **no**

Value of Merchandise: Previous Year: \$ _____ Estimated Current Year \$ _____

Duties, Taxes and Fees: Previous Year: \$ _____ Estimated Current Year \$ _____

AD/ACD Margin: _____ Duties/Taxes Paid: w/ entry w/ entry summary ACH pymt

yes no Is merchandise subject to antidumping/countervailing duties?

yes no Has any Surety ever paid bond claims on Principal's behalf?

yes no Has Customs previously suspended or revoked Applicant's importing privileges?

yes no Has Applicant been investigated by Customs for fraud or negligence and /or is currently involved in an investigation?

Customs Related Information

Bond Amount \$ _____ Effective date _____

Activity Code: 1 1A 2 3 3A 4 5 16

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