



U.S. Import Continuous Bond Application

Importer Name _____

Importer Number _____

Contact Name _____

Title: _____

Phone _____

Fax _____

Email _____

State/Country of Incorp. _____

Physical Address _____

City _____

State _____

ZIP _____

Country _____

Mailing Address _____

City _____

State: _____

ZIP _____

Country _____

Merchandise _____

Countries of Origin _____

Value of Imports past 12 mo. _____

Duties Paid Past 12 mo. _____

Value of Imports next 12 mo. _____

Duties Paid Next 12 mo. _____

Have you ever declared bankruptcy? ___Yes ___No

Have you ever paid bond claims? ___Yes ___No

Have you any pending bond claims? ___Yes ___No

Is/Are your commodity(s) subject to FDA? ___Yes ___No

Is/Are your commodity(s) subject to ___Yes ___No

Anti-Dumping/Countervailing Duties? ___Yes ___No