

APPLICATION TO CUSTOMS CONTINUE BOND

Importer Name: _____

EIN or SSN#: _____

Address: _____ City: _____ State: _____

Describe Merchandise	Country of origin
1.	
2.	
3.	
4.	

Last Year				Estimate Next year		
	Value	Duty	No. of Entry	Value	Est. duty	Est. entry

Years in business: _____ Type of business:

Corporation
 Partnership
 Individual

By : _____ Title: _____

Date: _____ Signature: _____