

Direct CHB, Inc. Customs Bond Application & Indemnity

Applicant/Principal/Indemnitor Information			
Company Name:			
DBA or Trade Name (if any):			
Physical Address:			
City:	State/Province:	Zip Code:	Country:
Importer Number (FEIN, CBP Assigned or SS#):			Years in Business:
Contact Name:		Title:	
Phone:	Fax:	Email:	
Does Applicant participate in any of the following: <i>Please note answers for all items and if yes, please provide additional information as requested:</i> Yes No Periodic Monthly Statement? If yes , an additional surcharge may apply and financial statements may be required. Yes No Reconciliation program? If yes , a rider to the bond is required and additional premium shall apply. Yes No Importations to the U.S. Virgin Islands? If yes , a rider to the bond is required. Yes No Defer taxes on imports for tobacco, spirits and/or other commodities?			
Do any of the following conditions apply? Yes No <i>If yes, check any that apply below and provide further details on a separate page.</i> Applicant and/or Partner/Officer of Applicant has previously filed for bankruptcy or is currently in bankruptcy proceedings. A surety has previously paid Customs bond claim(s) on Applicant's behalf and/or Applicant is aware of pending Customs claims. CBP has previously suspended Applicant's immediate delivery privileges and/or Applicant is currently sanctioned by CBP. Applicant and/or Partner/Officer has been investigated by CBP for fraud or negligence and/or is currently involved in an investigation.			

Bond and Merchandise Related Information		
Description of Merchandise:	Country of Origin:	Port of Entry:
Is Merchandise Subject to Antidumping/Countervailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Merchandise FDA/Restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Value of Merchandise: Last Year: \$	Estimated current year: \$	
Duties, Taxes and Fees: Last Year: \$	Estimated current year: \$	

Customs Certification, Indemnity Agreement and Collateral Policy

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. Dated _____ day of _____, 20____. I understand that all information contained herein or generated by CBP or other governmental agency or the Surety may be shared with the Customs Broker(s) of record acting on my behalf. I understand that there is a six (6) year statute of limitations for claims to be made against the bond(s) and collateral will not be returned until liability has been extinguished.

Principal's Signature (must be owner/officer)

Typed or printed name and title of principal

Company Name

SEAL