

Continuous Bond Quote Application

Federal I.D. Number (IRS#) or Social Security Number:

First name:

Last name:

Company/Firm name:

Address

Please fill out each field below:

Street:

Address Line 2:

City:

State/Province/Region:

Zip:

Country:

Phone:

Email:

The bond will cover (check each box that is applicable)

Cartman

Common Carrier

Foreign Trade Zone Station

Container Station Operator

Proprietors Warehouse(s)

Centralized Examination

Common Carrier Ports

If a common carrier, state the ports where you will be transporting merchandise to and from:

Container Station/Warehouse

If Container Station(s) or Proprietors Warehouse(s) give the exact physical location(s) of each.:

Continuous Bond Quote Application (continued)

Types of merchandise handled (check as appropriate):

General Merchandise

Alcohol

Tobacco

Have you been operating as a customs approved custodian (i.e., holding a customs custodial license) in the past or presently?

Yes

No

Approved Ports

Please list the port(s) where you have been approved to operate:

Importer Numbers

What importer number(s) have/do you use when operating as a customs approved custodian? Please list all numbers:

Certification

I certify that the factual information contained in this application is true and accurate and is based upon the best information available on the date of this application.

Signature

Print name:

Title:

Date: