

7225 N.W. 25 STREET, SUITES 105-107, MIAMI, FLORIDA 33122 Tel: (305) 437-8223 Fax: (305) 437-8216 WWW.FLIMPORTS.COM

Continuous Bond Application

Printed name and title

CHB Name:	FLORIDA IMPORTS CUSTOME	IOUSE	BROK	ERS.	INC.		
Importer Number:							
DBA:	to of leasure and the second s			۰ ا	D== :		
Corporation (State of Incorporation:) / Partnership / Proprietorship / Individual /							
If Partnership, indicate if General or Limited							
If Proprietorship, indicate name of Sole Proprietor:							
Co-Principals / Users: Yes No (If yes, add sheet with Name, Importer Number, Address)							
Physical Address: City/State/Zip Code:							
City/State/Zip Code:							
Mailing Address:							
Phone:						Years in Business:	
-	ivity Code: 1						
Effective Date Requested: (Note: CBP requires at least 15 days to file a bond.)							
For Activity Code 1 – Import Bonds Only – CBP 301 form, please fill out below:							
	For Activity Code 1 – Import	Bonds	Only	- CB	P 301	form, please fill out below:	
Description of mercha to be imported:	indise						
Country(ies) of Origina	:						
Is merchandise subject duties?	ct to antidumping/countervailing	Yes		No			
Is a current bond on file (same activity code)?		Yes		No			
Has termination been sent on current bond?		Yes		No			
If yes, termination date:							
Is the Importer on Periodic Monthly Statement?		Yes		No			
Does the Importer req	uire a Reconciliation Rider?	Yes		No			
Has any Surety ever s behalf?	suffered a loss on Principal's	Yes		No			
Previous Calendar Y	ear					Estimated For Next Calendar Year	
Value of Merchandise	:						
Estimated Duties:							
Number of Entries:							
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	
Signature of officer or attorney-in-fact Date							