



FLORIDA IMPORTS CUSTOMHOUSE BROKERS, INC.

3105 NW 107th Avenue, Suite 400, Doral, Florida
Tel: (305) 437-8223 Fax: (305) 437-8216 WWW.FLIMPORTS.COM

Continuous Bond Application

CHB Name: FLORIDA IMPORTS CUSTOMHOUSE BROKERS, INC.

Importer Name: _____

Importer Number: _____

DBA: _____

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: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Years in Business: _____

Activity Code: 1 ☐ 1A ☐ 2 ☐ 3 ☐ 3A ☐ 4 ☐ 5 ☐ 16 ☐ Bond Amount Requested: _____

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:

Description of merchandise to be imported: _____

Country(ies) of Origin: _____

Is merchandise subject to antidumping/countervailing duties? 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 require a Reconciliation Rider? Yes ☐ No ☐

Has any Surety ever suffered a loss on Principal's behalf? Yes ☐ No ☐

Previous Calendar Year

Value of Merchandise: _____

Estimated Duties: _____

Number of Entries: _____

Estimated For Next Calendar Year

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

Printed name and title