



## SINGLE TRANSACTION BOND APPLICATION

Name of Customs House Broker:	Phone: (    )	Fax: (    )
<b>PRINCIPAL/ IMPORTER INFORMATION</b>		
Name:	Importer Number:	
Address:		
Phone: (    )	Fax: (    )	
Amount of Bond Requested: \$	Entry #:	
Entity:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Individual	
Number of Years in Business:	Yrs. If less than 2 years, provide Principal's experience or Resume	
Number or Years with CHB:	Yrs.	Payment Record with CHB:
Principal Owner's Name:	Principal Owner's Social Security Number:	
Principal Owner's Home Address:		
Trade Reference or Bank Name:	Bank Telephone: (    )	
Describe the Imported Commodity:		
Country of Origin:	Duty Rate:	
Is Merchandise Subject to Other Agency Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No AC/CVD: <input type="checkbox"/> Yes <input type="checkbox"/> No Rate_____		
Total Value of Import: \$	Duty Amount: \$	
Method of Payment:	<input type="checkbox"/> Paid in Advance	<input type="checkbox"/> ACH
<input type="checkbox"/> Advanced by CHB	<input type="checkbox"/> Cashiers Check/Money Order	
<b>If possible, please provide a financial statement or other information to assist with financial analysis</b>		
<b>INDEMNITY:</b> The undersigned represent that the foregoing statement is true and in consideration of the execution of this bond and as an inducement to such execution by surety, the undersigned agrees to: <ol style="list-style-type: none"> <li>1. Indemnify the surety and hold it harmless from all loss, contingent loss, liability and/or contingent liability claim, including attorney fees, for which surety or agent shall become liable or shall become contingently liable, by reason of having executed this bond and;</li> <li>2. Pay any premium due for any bond computed according to the rates currently in effect with surety or agent, including renewal premiums, until proof satisfactory to surety is furnished of its discharged from any liability under this bond.</li> </ol>		
Signature of Principal / Importer:	Date:	
Please Type or Print Name and Title:		

**CA Insurance License Number 0809244**  
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