Continuous Bond
Information and Request Form

Importer Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Importer # (EIN#): _____

Type of Organization: ☐ Proprietorship ☐ Corporation ☐ * LLC Partnership

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

List Commodity / Country of Origin: _____

Estimated Annual Number of Import Shipments: _____

Estimated Annual Value of Import Shipments: _____

Estimated Annual Duty (USD): _____

I (Name) _____ (Please Print) , (Title) _____ (Please Print) for the above company,

I (Name) _____ (Please Print) , (Title) _____ (Please Print)

I (Name) _____ (Please Print) , (Title) _____ (Please Print)

request A & A Contract Customs Brokers USA, Inc. to arrange for a continuous customs bond with Customs & Border Protection on our behalf. (Annual premium $450.00 for minimum $50,000 bond).

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Fax or email signed form to:

A&A Contract Customs Brokers USA, Inc.®

Fax: 360.332.7670

or

Email: service@aacbusa.com

**** Please Note: Partnerships require that all partners are listed and signatures of all partners are required.***