



60 Park Place  
Newark, New Jersey 07102  
Phone: 973-412-8700  
Fax: 973-412-8705

**Continuous Bond Application Form**

CHB/Billing Party & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bond Value: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

Current Bond \_\_\_\_\_ Bond No.: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Surety Code: \_\_\_\_\_ Surety Co.: \_\_\_\_\_

Importer or Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Corp. \_\_\_\_\_ State of Inc. \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Individual \_\_\_\_\_ LLC \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I.R.S./Importer No.: \_\_\_\_\_

Commodity(ies) Imported: \_\_\_\_\_  
\_\_\_\_\_

Estimated Duty Paid Last 12 Months (if known): \$ \_\_\_\_\_

**Please fax to (973) 412-8705**