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CUSTOMS BROKER APPLICATION

GENERAL INFORMAT	ON																					
Full Legal Company Na										DBA (if any):												
Contact First Name:											Contact Last Name:											
Contact Title:										Ema	ail:											
Physical Address:									State:									Zip:				
Phone Number:			Fax Number:								Website:											
Years in Business:	☐ Le	ss than	1 year	ear Corporation, State				e of:			LLC Partnership				· [Individual			ther:			
Federal Tax ID or SS#:			Public	Publicly held Corp: Yes							# of Owners, Partners or N					Members:						
Number of Offices:	Filer Code:			: Primary Port				of Entry:			ABI program used:											
Bond Type: (check all	that apply)																					
Continuous Importer/Broker (C1)				Yes No Fo						Foreign Trade Zone Operator (C4)							Yes	N	0			
Drawback (C1a)				Yes No					Anti-Dumping								Yes	N	0			
Custodial Warehouse (C2)				Yes No					ISF								Yes No					
International Carrier (C3)				s 🔲		Carnet									Yes No			0				
Instruments of Int'l Tra	☐ Ye	s 🔲	No	0	Other? Explain:																	
Credit Procedures:																						
Do you run credit repo	orters?			☐ Ye	s [No		Do	you	extend (Credit	?					Yes		10			
Do you require new Importers to complete an a					n?	☐ Ye	s 🗌 No			Do	Do you handle Custom Re					5?		L L	Yes	r	No	
Do you collect Importer Financial Statements?						☐ Ye	s No			Do	o you do clearance under Brokers Bond? Yes								N	No.		
Number of Single Transactions currently issuing:							N	umber of Continuous Bonds currently issuing:														
Projected number of Single Transactions per mo					nth:					Projected number of Continuous Bor							h:					
Bond Types on a perce	ntage basis:																					
General Merchandise	%	FDA	%		Textile	%			TIE	3	%		Auto		%		Othe	er	%			
List Commodities Impo	rted:																					
List Countries Imported from:											Current Broker/Surety:											
Current Single Transact	ion Bond rate	e:		Curre	nt Contin	uous B	ond	rate:				Current	Broke	r/Sure	ety:							
CLAIMS HISTORY Year Number of Claims				otal p	aid out																	
The state of					uiu out																	
There may be addition	al financial ri	isk vour	compa	anv fa	ces, nleas	se indic	ate	anv c	the	r cove	eras	es vou n	nav he	inte	este	d in:						
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ADDITION TARGET		C10111	11DF																			
APPLICANT ACKNOWLE																						
By signing below, you ar the scope of your knowle																						
additional requested iter	• .		staria t	٧٧	- wiii Oill)	, DC ab		5 51161	чч	aotat		.viicii ali	anc a	Philo	<i>∞</i> 1€ 3	,	,,,,, ai (picte	.a uiit	. 411	
California Law requires us t containing a false or decept														raud a	gains	t an i	nsurer,	appl	ies or	files a	clain	
Name:									_													
Title:									Da	ate:											_	
Cianatura of Applicant							_								-			-				
Signature of Applicant																						

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