

Page International New Continuous Customs Bond

Importer Name:	Importer #	
Business Type*:	State of Incorporation:	
*If Partnership, please include a copy of the with CTB at the time the new bond is filed		C requires a copy is included
Physical Address:		
Mailing Address:		
Description of		
Merchandise &		
Country(ies) of Origin		
Amount of Duties, taxes and Fees Paid for the <i>last</i> 12 months	Amount of Duties, taxes and	
	Fees Paid for the <i>next</i> 12 months	
Contact Name:	Phone Number:	
Fax Number:	 Email:	
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Signatura	Data	
Signature:	Date:	
Title:		

Fax or Email form to:

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