



ELLEO GLOBAL INC.
NATIONAL CUSTOMS BROKERAGE

**APPLICATION TO DISTRICT DIRECTOR OF U.S. CUSTOMS SERVICE TO FILE C.F. 301 –
CONTINUOUS BOND**

CHB Name: ELLEO GLOBAL INC. CHB Contact: _____ Date: _____
 Importer Name: _____ Importer No: _____ Years in Business: _____
 Corporation, state of _____ Individual Partnership Proprietorship Subsidiary Foreign
 Street: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____
 How many years with CHB: _____ Is Credit Extended? _____ Does every entry liquidate without change? _____

DESCRIBE MERCHANDISE (Attach Additional Sheet if Necessary)	Country of Origin
1.	
2.	
3.	
4.	
5.	
6.	

LAST CALENDAR YEAR			ESTIMATED NEXT CALENDAR YEAR			
MERCHANDISE	VALUE	EST. DUTIES	NO. ENTRIES	VALUE	EST. DUTIES	NO. ENTRIES

Merchandise subject to FDA? Yes No If FDA merchandise, Subject to Automatic Detention? Yes No
 Anti-Dumping? Yes No If yes, AD/CVD Margin: _____
 Duties/Taxes paid: with entry with entry summary ACH Payment
 HTS Number: _____ Duty Rate: _____
 If Bond Currently on File-Bond Serial No.: _____ Previous Surety: _____
 Does Principal have experience importing this product: _____ Has a binding ruling been obtained: _____
 Importer requests that Customs approve the filing of C.F. 301 to be effective on _____

Activity Code	Activity Name and Customs Regulations in Which conditions codified	Amount Required by Customs	Activity Code	Activity Name and Customs Regulations in which codified	Amount Required By Customs
<input type="checkbox"/> 1	Importer or broker.....113.62		<input type="checkbox"/> 3	International Carrier... 113.64	
<input type="checkbox"/> 1a	Drawback Payment Refunds..... 113.65		<input type="checkbox"/> 3a	Instruments of International Traffic..... 113.66	
<input type="checkbox"/> 3	Custodian of bonded merchandise... 113.63 Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouses, container station operators		<input type="checkbox"/> 4	Foreign Trade Zone Operator..... 113.73	

U.S. Customs district where bond is to be filed: _____

CERTIFICATION

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

BY: _____ TITLE: _____
 DATE: _____ SIGNATURE: _____

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