



# Continuous CBP Bond Application

CHB Name: ELLEO GLOBAL, INC. (83D) Imp No/Tax ID/SS #/CBP Assigned No: \_\_\_\_\_

Principal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Type:  Corporation /  LLC (State of Incorporation: \_\_\_\_\_) /  Partnership /  Proprietorship /  Individual

If Partnership, indicate if: General  Add sheet with a complete listing of all partners  
Limited  Attach a copy of the complete partnership agreement

If Proprietorship, indicate name of Sole Proprietor: \_\_\_\_\_

Co-Principals / Users:  Yes  No (If yes, add sheet with Name, Imp No/Tax ID/SS #/CBP Assigned No and Address)

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

City/State/Zip Code: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Activity Code:  1 – Import (see below)  3a – Instruments of Intl Traffic  14 – In-Bond Export Consolidation  
 1a – Drawback  4 – Foreign Trade Zone  15 – Intellectual Property Rights  
 2 – Custodial (see below)  5 – Public Gauger  16 – ISF  
 3 – Intl Carrier (see below)  11 – Airport Security (see below)  17 – Marine Terminal Operator

Bond Amount: \_\_\_\_\_ Effective Date Requested: \_\_\_\_\_

Is a current bond on file (same activity code)?  Yes  No  
Has termination been sent on current bond?  Yes  No If yes, termination date: \_\_\_\_\_  
Has any Surety ever suffered a loss on Principal's behalf?  Yes  No  
Has Principal ever been placed on sanctions with CBP?  Yes  No

### For Activity Code 1 – Import Bonds only, please fill out below:

Description of merchandise to be imported: \_\_\_\_\_

Country(ies) of Origin: \_\_\_\_\_

Is merchandise subject to antidumping/countervailing duties?  Yes  No  
Does the Importer require a Reconciliation Rider?  Yes  No

	Previous 12 Months	Estimated For Next 12 Months
Value of Merchandise:	_____	_____
Estimated Duties, Taxes & Fees:	_____	_____
Number of Entries:	_____	_____

### For Activity Code 2 – Custodial Bonds or Activity Code 3 – Intl Carrier Bonds only, please fill out below:

Activities to be conducted: \_\_\_\_\_

If a Carrier, provide SCAC: \_\_\_\_\_ If a Warehouse, Centralized Examination Station (CES), or Container Freight Station (CFS), provide FIRMS code: \_\_\_\_\_

### For Airport Security only, please fill out below:

List Airport(s): \_\_\_\_\_

### 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.

Signature of officer or attorney-in-fact \_\_\_\_\_

Date \_\_\_\_\_

Printed name and title \_\_\_\_\_