



Single Entry / ISF Bond Underwriting Form

1. Company Name: _____ 2. Date: _____

3. Contact Name: _____ 4. Email: _____

5. Phone: _____ 6. Fax: _____

7. Principal: _____

8. Address: _____

9. Importer No: _____ or Customs Assigned Bond No: _____

10. Bond Type: _____ 11. Bond Amount: _____

12. Activity Code: _____ 13. Rating Code: _____ 14. Duty Rate: _____

15. Commodity: _____ 16. Country of Origin: _____

17. HTS USA No: _____

18. Does this Importer have a bond currently on file? Yes _____ No _____

19. Does the Importer have experience importing this product? Yes _____ No _____

20. Please provide Duty payment arrangements: _____

21. Is this commodity subject to Anti-Dumping? Yes _____ No _____

If yes, please provide information below:

ADD/CVD Margin: _____ ADD/CVD Rate: _____

ADDCVD Paid Annually: _____

ADD/CVD Paid Annually: Cash Deposit _____ Single Transaction Bond _____

Payment Habits: Prompt: _____ Slow: _____

Credit Extended: _____ Financial Statement/Credit Check? _____

Years with CHB: _____ Does every entry liquidate without change? _____

Additional Notes: _____

Name (Print) _____ Signature _____