



Single Bond Application Form

**Please complete this form for Single Bonds over your underwriting authority.
(See Underwriting Schedule for your authority)**

Date: _____ Broker: _____

Contact : _____ Phone : _____ Fax : _____

Principal: _____ Importer No.: _____

Address: _____

Activity Code: 1 1A 3 6 7 8 9 10 16

Bond Amount: _____ Entry No.: _____ Port: _____

For Activity Code 1 – Import Bonds Only – CBP 301 form, please fill out below:

Activity Code 1: TIB WHS Auto ADD/CVD FDA Chap 98/Sub II General Merchandise Other

Commodity: _____

Country of Origin: _____ Harmonized Code: _____

Merchandise Value: _____

Duty Rate: _____ Duty payment with entry? Yes No With Entry Summary? Yes No

If ADD/CVD Margin %: _____

How long has the importer been a client of yours? _____

Is the importer a credit customer? Yes No

If yes, how much credit have you extended? _____

Has the importer ever been on Customs Sanctions? Yes No If yes, enclose explanation.

**Additional information may be required.
Please submit to your local Roanoke Trade office — thank you.**

(For Roanoke Trade use only)

Management Alert Report: _____

D&B Rating: _____

Approved? Yes No By: _____ Date: _____

Financial Statement Required Collateral Required Indemnity Agreement Required

Deposit Requested: Cash Amount : _____ LC or C/D Amount : _____

Additional Comments: _____
