

ACTIONFREIGHT INT'L INC.

Submit To:
 ACTIONFREIGHT INT'L INC.
 11034 LA CIENEGA BLVD.
 INGLEWOOD, CA 90304
 310.670.5190
 310.670.9943 FAX

CUSTOMS CONTINUOUS BOND APPLICATION

Principal Name				Bond Amount \$ 50,000			
Importer Number				Activity Code: 1			
Address: _____							
Phone: ()			How Long at Current Address?			Yrs.	
Fax: ()							
Entity: <input type="checkbox"/> Corporation, State _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Proprietorship							
Customs Broker Name: _____				Filer Number:		Port Code: (closest to CHB)	
Phone: ()			Is there a bond currently on file with customs?				
Fax: ()			If yes, please attach a copy of the Current Bond.				
How long has Principal been with CHB?				Payment History:			
Yrs. Months							
Has the Company or any officers ever been involved in a Customs fraud investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are Entries subject to reconciliation procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Has the Bond Principal ever filed any form of Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have the immediate delivery privileges ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Has any Surety suffered a loss on the Principal's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Duties paid by Importer in advance <input type="checkbox"/> ACH with Importer <input type="checkbox"/> Credit Terms – List Terms							
Type of Merchandise	Country of Origin	Merchandise Value Last Calendar Year	Merchandise Value Anticipated Next Year	Estimated Duties Last Calendar Year	Number of Entries	Estimated Duties Anticipated Next Year	Number of Entries
<p>CERTIFICATION FOR CUSTOMS APPLICATION PURPOSES: I Certify that the factual information contained in this application is true and accurate and any information which is based upon estimates is based upon the best information available on the date of this application.</p> <p>The undersigned Principal (Indemnitor) agrees to be bound by the Agreement of indemnity set forth on the remainder of this application. The individual(s) signing below do(es) hereby affirm that they are fully empowered to bind, by such signatures, the legal entities named as Principal/Indemnitor herein.</p>							
Signature: _____						Date: _____	
Full Name and Title							