

District Director
United States Customs & Border Protection
St. Albans, Vermont 05478

Dear Director:

Re: Customs Bond CBPF-301

Importer Name: _____
(Including DBA, AKA, DIV)

Physical Address: _____
(Street, City, Country, Postal Code)

Mailing Address: _____
(Street/PO Box, City, Country, Postal Code)

Employer Identification Number: _____
(US Companies)

Please allow this letter to serve as our Bond Application. For the year _____ through _____
(month, year), the total duties paid were \$ _____. Our estimated duty for the coming year is \$ _____.

Please provide details of the shipments you anticipate:

Product(s)/Commodity(ies): _____

Country(ies) of origin: _____

Please check any of the following that apply to your product/commodity:

Anti-Dumping/Countervailing Duties

FDA

Cigarette/Tobacco Products

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

By signing and submitting this application to Deringer, I understand that it will be submitted and that refunds are not available on first year bonds once approved by US Customs and Border Protection. In addition, shortly before your bond is scheduled to renew, you will be contacted. When you are contacted about your upcoming renewal, please notify us (BondDept@anderinger.com) in writing should you decide not to renew your bond.

Sincerely,

Signature of Officer of the Company

Name, Title of Officer, & Date Signed

Questions

From the U.S.: Phone (802) 524-8210 Please email completed form to: BondDept@anderinger.com or Fax to (802)524-8297
Mailing Address: Bond Department, A.N. Deringer, Inc., 64 N Main Street, St. Albans, VT 05478
Bond Dept Business Hours: Monday – Friday 8AM – 5PM EST, excluding Holidays (Bond Application Revision 3/11-01-2016)