



Universal Service Agency, Inc.
 501 Office Center Drive, Suite 128 Ft. Washington, PA 19034-3208
 215-646-2400 215-646-4275 (fax)

CANADIAN CUSTOM BOND SHORT FORM APPLICATION

(no financial statements required for bonds not exceeding \$25,000)

Bond in the amount of: \$ _____ Bond effective from: ____/____/____.

Full name of applicant: _____ Age: _____

If corporation, dated incorporated ____/____/____ S.I.N.: _____

Address: _____ Phone # _____

City _____ State _____ Zip _____

Occupation/Nature of Business: _____

1. Are you engaged or have interests in any other line of business? Yes No
 If so, on a separate sheet of paper, state its nature, location, firm name, etc..
2. Do any judgments stand against you or any firm or company of which you are an officer?
 Yes No If so, on a separate sheet of paper, give particulars.
3. Have you, or has the firm applying for this bond, ever compromised with its creditors?
 Yes No If so, on a separate sheet of paper, give full details regarding settlement.
4. Has application been made elsewhere for this bond? Yes No. If so, on a separate sheet of paper, advise what company and why they declined to write the bond
5. Has applicant or any of its associate officers been refused a bond? Yes No
 If so, on a separate sheet of paper, provide details as to why.
6. Provide the name, address and phone number of your bank:

_____ Phone # _____

City _____ State _____ Zip _____

May it be referred to? Yes No

7. Are you currently using a customs broker? Yes No.

If so, please provide the name, address and telephone # of the customs broker:

_____ Phone # _____

City _____ State _____ Zip _____

8. How long have you been dealing with this customs broker? _____

May it be referred to? Yes No

9. Provide information as follows on your three largest creditors:

Name	Amount Outstanding	Date Incurred	Date Due

10. Give 3 references, business or social acquaintances, who have known you well for 3 years and to whom we may refer:

Name	Occupation	Address	Telephone #

Completion of this application grants authority to obtain a personal credit report.

Applicant Signature: _____ Social Security # _____

Print Name: _____

Home Address: _____

Spouse's Signature: _____ Social Security # _____

Print Name: _____



Universal Service Agency, Inc.
501 Office Center Drive, Suite 128, Ft. Washington, PA 19034-3208
215-646-2400 800-646-2401 (phone) / 215-646-4275 (fax)
sales@universalbonds.com www.universalbonds.com

Your signature on this consent form and completion of the attached application constitutes permission for Universal Service Agency, Inc. to obtain consumer information which will be used to determine bonding eligibility. **This information will be held in the strictest confidence.**

Applicant's signature Print applicant's name Date

Applicant's signature Print applicant's name Date

Applicant's signature Print applicant's name Date

Applicant's signature Print applicant's name Date