



GLOBAL MARKETING AGREEMENT APPLICATION (GMAA)

Important notice before you begin:

In order for your GMAA to be considered, you must be able to answer “yes” to all “Yes/No” questions in the GMAA, with the exception of Question #24. Failure to answer “yes” to all questions other than Question #24 will result in an automatic denial of your GMAA.

In addition, you must submit the documentation noted below along with your GMAA. Failure to submit the documentation with your completed GMAA will result in an automatic denial of your GMAA. Due to Washington State and Seattle Central Community College regulations, we are unable to make exceptions to these submission requirements.

Finally, be sure to answer all questions noted by an asterisk (*). Incomplete applications or applications that do not contain all required attachments will not be processed or retained by Seattle Central. Please be sure to have all required documents ready to attach at the time you complete the GMAA. Required attachments include the following:

1. **Your agency business license.** The name on the business license must be the same as the official agency name you use in the GMAA below. Licenses written in languages other than English are acceptable; however, if your license is not written in English, you must also provide an official English language translation of the license.
2. **Your company profile written on your company letterhead.** A company profile is a description of your company, usually including your company’s history (when it was founded); number of employees; and description of services. Your company letterhead includes your company’s official name, contact information and logo, if applicable.
3. **For agencies with more than one office from which admission applications may be sent: We require contact information (address, email, etc.) for the agency headquarters and ALL agency branch offices from which admission applications may be sent.** To be considered a branch office, the branch must have the same company name as the name of the headquarters. If your agency has more than one office, you will be required to send a list of all offices, plus mailing addresses, email addresses and other contact information for each one.

Finally, please note that in order to be accepted as a partner agency, we require you to have one business bank account into which commission payments may be wired. If your agency has more than one office, all branches must use the same bank account for wiring purposes. The name on the business bank account must match the name of the agency and all of its branches. You will be required to provide confirmation of the existence of one business bank account into which commission payments may be wired in the GMAA below.

Most agencies completing this form will need to print the form and complete it by hand. Please use block letters (BLOCK LETTERS), and write clearly. Once you have completed the GMAA, you will be required to submit it to our office by email or fax. The email address and fax number are provided on the last page of the GMAA.

** Required field*

PART I: GENERAL

IF YOU HAVE NOT READ THE ENTIRE INTERNATIONAL AGENCY INFORMATION WEBSITE AND THE GLOBAL MARKETING AGREEMENT, DO SO NOW. *

<https://www.seattlecentral.edu/international/agencies/Agency%20GMA%20Sample%202009.pdf>

1. I HAVE READ THE INTERNATIONAL AGENCY INFORMATION AND THE GLOBAL MARKETING AGREEMENT, AND ACCEPT THE TERMS THEREIN. *

YES No

2. OFFICIAL AGENCY NAME (USING THE ENGLISH ALPHABET – LETTERS A – Z): * (Please note: we do not accept personal names as official agency names. The official agency name must match the name on all correspondence sent to our office, as well as the agency business license, and the business bank account.) Write official agency name in the space below.

3. THE BUSINESS NAMED ON THIS APPLICATION IS PROPERLY LICENSED BY AN APPROPRIATE GOVERNMENTAL DEPARTMENT TO CONDUCT BUSINESS IN THE AREA OF EDUCATIONAL COUNSELING/CONSULTING. *

YES No

4. I AM ATTACHING THE BUSINESS LICENSE ASSOCIATED WITH THE AGENCY NAME ON THIS APPLICATION. THE NAME ON THE BUSINESS LICENSE MATCHES THE AGENCY NAME USED ON THIS GMAA. IF THE BUSINESS LICENSE IS WRITTEN IN A LANGUAGE OTHER THAN ENGLISH, I AM ALSO ATTACHING AN OFFICIAL TRANSLATION OF THE LICENCE. *

YES No

5. I AM ATTACHING OUR AGENCY'S COMPANY PROFILE ON COMPANY LETTERHEAD. COMPANY LETTERHEAD INCLUDES THE OFFICIAL NAME OF THE BUSINESS, BUSINESS CONTACT INFORMATION, AND LOGO, IF APPLICABLE. *

Yes

No

6. THE BUSINESS NAMED ON THIS APPLICATION HAS OFFICE(S) FROM WHICH STUDENT ADMISSION APPLICATIONS WILL BE SENT TO SEATTLE CENTRAL COMMUNITY COLLEGE. (PLEASE INSERT A NUMBER IN THE BOX.) *

7. I UNDERSTAND THAT IF THE BUSINESS NAMED ON THIS APPLICATION HAS MORE THAN ONE OFFICE, I WILL ATTACH TO THIS APPLICATION A LIST OF ALL ADDITIONAL OFFICES FROM WHICH ADMISSION APPLICATIONS MAY BE SENT TO SEATTLE CENTRAL COMMUNITY COLLEGE. THE LIST WILL INCLUDE MAILING ADDRESS, EMAIL, AND CONTACT INFORMATION FOR EACH OFFICE. *

Yes

No

8. I UNDERSTAND THAT ADDING ADDITIONAL OFFICES AT A LATER DATE MAY RESULT IN A DELAY IN PROCESSING ADMISSION APPLICATIONS FROM AND COMMISSION PAYMENTS TO THOSE OFFICES. *

Yes

No

PART II: AGENCY CONTACT INFORMATION

9. AGENCY OFFICE ADDRESS: *

Agency Street Address (including name of office building, if applicable)

City

Country

Postal Code

10. AGENCY MAILING ADDRESS (if different from office address):

Street Address (including name of office building, if applicable)

City

Country

Postal Code

11. AGENCY CONTACT INFORMATION:

Office Phone: * _____

Office Fax: _____

General Office Email Address: * (The email address you provide here should be one that will not change. In addition, for security purposes, we prefer that you provide an email address with your agency's domain name, for example: john_doe@YourAgencyName.com).

Main contact(s) at the above address (must include at least one): *

Name	Title	Email Address
1.		
2.		
3.		
4.		

12. THE AGENCY INFORMATION PROVIDED IN QUESTIONS 9 – 11 ABOVE CORRESPONDS TO (SELECT ONLY ONE): *

- Headquarters
- Branch
- Our agency has only one office

IF YOU SELECTED "BRANCH", PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE HEADQUARTERS:

FULL NAME OF AGENCY HEADQUARTERS: *

FULL OFFICE ADDRESS OF AGENCY HEADQUARTERS: * (INCLUDE STREET, CITY, COUNTRY, POSTAL CODE)

FULL MAILING ADDRESS OF HEADQUARTERS (IF DIFFERENT FROM OFFICE ADDRESS ABOVE):

MAIN CONTACT NAME AT HEADQUARTERS: *

EMAIL ADDRESS OF MAIN CONTACT AT HEADQUARTERS: *

13. COMPANY URL/WEBSITE: * _____

WE DO NOT HAVE A WEBSITE

14. PRESIDENT/DIRECTOR NAME: * _____

15. PRESIDENT/DIRECTOR EMAIL ADDRESS: * _____

PART III: COMPANY DETAILS

16. HOW LONG HAS YOUR AGENCY BEEN OPERATING AS AN EDUCATIONAL CONSULTANT? *

YEAR(S) MONTH(S)

17. HOW MANY STUDENTS HAVE YOU SENT TO THE U.S. IN THE PAST 2 YEARS? *

18. FROM WHICH COUNTRY OR COUNTRIES DO YOUR STUDENTS COME, AND WHAT ARE THEIR NATIONALITIES? PLEASE PROVIDE A COMPLETE LIST IN THE BOX BELOW, FOLLOWING THE EXAMPLE PROVIDED. *

(Example) Country: Japan
Country: *
Country:
Country:
Country:

(Example) Nationalities: Japanese
Nationalities: *
Nationalities:
Nationalities:
Nationalities:

PART IV: COMMISSION PAYMENTS

19. THE BUSINESS NAMED ON THIS APPLICATION HAS ONE BUSINESS BANK ACCOUNT FOR ALL OFFICES INTO WHICH COMMISSION PAYMENTS MAY BE SENT BY WIRE TRANSFER. *

YES No

20. THE BUSINESS NAMED ON THIS APPLICATION IS ABLE TO RECEIVE COMMISSION PAYMENTS MADE PAYABLE TO THE OFFICIAL BUSINESS NAME, WRITTEN IN THE ENGLISH ALPHABET (LETTERS A – Z), BY WIRE TRANSFER. *

YES No

21. THE NAME ON THE BUSINESS BANK ACCOUNT MATCHES THE NAME ON THE AGENCY BUSINESS LICENSE. *

YES No

22. THE NAME ON THE BUSINESS BANK ACCOUNT MATCHES THE NAME USED BY THE AGENCY ON LETTERHEAD, IN EMAIL, AND IN OTHER OFFICIAL CORRESPONDENCE. *

YES No

23. THE INFORMATION PROVIDED BELOW (QUESTIONS A - K) MUST CONTAIN THE DETAILS OF THE BUSINESS BANK ACCOUNT ASSOCIATED WITH THE AGENCY NAMED ON THIS GMAA, ACCORDING TO THE INFORMATION PROVIDED IN QUESTIONS 19 – 22. (PLEASE NOTE: If you prefer to submit the banking information contained in Question #23 via telephone, please call our accounting department at 206.516.3117 during regular office hours, Monday – Friday, 8:00 a.m. to 4:30 p.m. Pacific Time.)

A. Agency business account name* (NAME MUST BE THE SAME AS OR SIMILAR TO THE OFFICIAL AGENCY NAME PROVIDED IN QUESTION #2; ACCOUNTS CONSISTING OF A PERSONAL NAME WILL NOT BE ACCEPTED):

B. If the agency business account name provided in "A" above does not *exactly match* the name provided in Question #2, provide an explanation in the space below.

C. Agency business account number: *

D. Bank name: *

E. Bank address: * (INCLUDE STREET, CITY, COUNTRY, POSTAL CODE)

F. Bank branch: *

G. Swift code: *

H. Routing or sort code (only required for agency bank accounts located in the U.S.):

I. ABA code (only required for agency bank accounts located in the U.S.):

J. Agency's federal Tax I.D. number (only required for agencies and/or agency bank accounts located in the U.S.):

K. IBAN code: (only required for agency bank accounts located in areas where IBAN codes are used, such as Europe and Turkey):

L. If wiring money to your agency's business account requires that our accounting department be aware of any additional information, such as intermediary bank accounts, please supply all necessary details in the space below.

M. Commission payment correspondence details:

Agency email address (for commission payment notification): *

Name(s) of all employee(s) authorized to use the email address above: *

Title(s) of employee(s) authorized to use the email address above: *

Do(es) the above employee(s) work in your agency's accounting department? *

YES

No

PART V: LEGAL

24. THE BUSINESS, OR ANY EMPLOYEE OR REPRESENTATIVE OF THE BUSINESS, IS NOW OR HAS BEEN INVOLVED IN A LEGAL DISPUTE, OR HAS RECEIVED NOTICE OF A POSSIBLE FUTURE LEGAL DISPUTE, RELATE TO EDUCATIONAL COUNSELING/CONSULTING. *

YES

No

If yes, explain here:

25. I CERTIFY THAT THE ANSWERS AND INFORMATION I PROVIDED ABOVE ARE, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL AND CORRECT. I UNDERSTAND THAT SEATTLE CENTRAL COMMUNITY COLLEGE (SCCC) RESERVES THE RIGHT TO TERMINATE SCCC'S RELATIONSHIP WITH THE BUSINESS OR ANY OF THE BUSINESS' EMPLOYEES OR REPRESENTATIVES IF SCCC DISCOVERS, OR HAS A REASONABLE BELIEF, THAT ANY ANSWER OR INFORMATION PROVIDED IN THIS APPLICATION IS FALSE. *

YES No

This is the end of the Global Marketing Agreement Application. Be sure to keep a copy for your records.

Please note that incomplete GMAAs will not be processed. If you need time to collect some of the required documents, wait until you have collected all documents before submitting the GMAA. Completed GMAAs are normally processed and replies sent within 10 business days.

Submit all documents either by email or fax:

Email: scccinternationalmar@sccd.ctc.edu

Fax: 206.587.2017

If you prefer to submit the banking information contained in Question #23 via telephone, please call our accounting department at 206.516.3117 during regular office hours (Monday – Friday, 8:00 a.m. to 4:30 p.m. Pacific Time).

Thank you for your interest in partnering with Seattle Central Community College.