

Submitted by  
AGENCY NAME:

COMPANY ADDRESS (Required):

**Bellevue College International Education**  
3000 Landerholm Circle S.E.  
Bellevue, WA 98007-6484 USA

COMPANY PHONE NUMBER:

Please remit the agency service fee for \_\_\_\_\_ for the following students:  
(please enter quarter billing for:) quarter year

Student Name	Date of Birth	Student ID# (if known)	First Quarter Attended

**\*Please note:** The invoice must be received during the quarter for which the student registers, not later than the last week of the quarter, for a maximum of three quarters.

If the agency is located in the United States, you must select the "Payment by Check" option below.

**(choose only one payment method)**

**FOR PAYMENT BY CHECK (PLEASE TYPE):**

MAKE CHECK PAYABLE TO

(must be made out in agency's name on the agreement with BC)

ADDRESS:

**FOR PAYMENT BY WIRE/TELEGRAPHIC TRANSFER:**

BANK NAME:

BANK  
ADDRESS:

PHONE:

FAX:

ACCOUNT  
NAME:

ACCOUNT  
NUMBER:

SWIFT  
CODE:

(must be in agency's name on the agreement with BC)

Signature

Date: .....

**Please return this form by mail or email to:**

Bellevue College International Education  
3000 Landerholm Cr. S.E., U-202, Bellevue, WA 98007  
Phone: (425) 564-3118  
[ie@bellevuecollege.edu](mailto:ie@bellevuecollege.edu)