



Goodheart-Willcox Publisher

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Orders 1-800-323-0440
Phone 1-708-687-5000
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CREDIT CARD ACCOUNT APPLICATION

Name of Organization _____

Name on Credit Card (Please Print) _____

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

(_____) (_____) _____
Telephone Fax Email – for emailed invoice

Ship to address (if different from bill to address) _____

City _____ State _____ Zip Code _____

(_____) (_____) _____
Telephone Fax

Will your purchases be subject to sales/use tax? ____ Yes ____ No

If no, please provide a current TAX EXEMPTION CERTIFICATE with your completed account application

Accounts Payable Contact Information

Name : _____ Email: _____ Telephone: _____

Payment Information:

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number:

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Expiration Date _____ Cardholder's Signature _____ CVV Code _____

I hereby certify under penalty of perjury that the information provided on this document is true and correct.
If this information were to change, I will promptly inform you.

Name (Please Print) Title Date

Signature

PLEASE RETURN TO: accounting@g-w.com