



Goodheart-Willcox Publisher

18604 West Creek Drive • Tinley Park, IL 60477-6243
www.g-w.com • custserv@g-w.com

Orders 1-800-323-0440
Phone 1-708-687-5000
Fax 1-888-409-3900

ACCOUNT APPLICATION - PRIVATE ORGANIZATION

Name of Organization (include DBA if applicable) _____

Address _____

City _____ State _____ Zip Code _____

(_____) (_____) _____
Telephone Fax E-mail

☐ Prepay shipping (included on invoice) ☐ Please use the attached routing instructions

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

City _____ State _____ Zip Code _____

(_____) (_____) _____
Telephone Fax

Organization is owned by: _____

Type of Business _____ Date Established _____

Will purchases be drop shipped? ____ Yes ____ No If yes into what state(s): _____
(Attach sheet if necessary)

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

If no, please select one: Purchases are for Resale _____ or Purchases are Exempt _____

List Resale or Exempt #'s: _____
Please list all numbers from all states you will be reselling in. (Must attach forms)

Estimated Annual Purchases \$ _____ Credit Line Requesting \$ _____

Type of
Ownership: ____ Sole Owner ____ Partnership ____ Corporation ____ Other

Federal ID# _____ SSN# _____

Names, complete addresses, and telephone numbers of major suppliers with whom credit has been established:

1. _____
Company Name Contact Name Account Number
Address City State Zip Code
(_____) (_____) _____
Telephone Fax E-mail

2. _____
Company Name Contact Name Account Number
Address City State Zip Code
(_____) (_____) _____
Telephone Fax E-mail

3. _____
Company Name Contact Name Account Number
Address City State Zip Code
(_____) (_____) _____
Telephone Fax E-mail

ACCOUNT APPLICATION (CONTINUED)

4. _____

Company Name	Contact Name	Account Number	
Address	City	State	Zip Code
()	()		
Telephone	Fax	E-mail	

Accounts Payable Contact Information:

1. _____ Name of individual person to contact	_____ Email address	_____ Phone Number
2. General Account Payable Department: _____	_____ Email address	_____ Phone Number

Bank Information:

Bank Name		Contact Name		
Address		City	State	Zip Code
() Telephone	() Fax	Account Number		

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above.

Name (Please Print)	Title	Date
Signature		

Please answer the following questions:

Would you like electronic delivery of your invoices and/or statements? ☐ Yes ☐ No

If yes, please supply the following:

Name of Contact Person: _____

Phone Number: _____

Email address where invoice and/or statement will be sent: _____

Would you like to make electronic payments? ____Yes ____No

Name of Contact Person: _____

Phone Number: _____

Email address to send ACH setup information: _____

PLEASE RETURN TO: accounting@g-w.com



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August 24, 2022

Included below is our updated bank information. Please use this information to update your records immediately.

Vendor Information

Federal Employer
Identification Number: 36-2135994

E-Mail
Address: accounting@g-w.com

Name: Goodheart-Willcox Co, Inc.

Phone: 800-323-0440

Contact Name: Barb Sealy

Title: Accounting Manager

Financial Institution Information

Name of Financial Institution: JP Morgan Chase

Address of Financial Institution: 10 S Dearborn Chicago, IL 60603

Representative's Name: Tamara Lawson

Phone: 212.552.6548

Routing Number: 071000013

Account Number: 757313882

Check Remittance Address: Goodheart-Willcox Company
P.O. Box 735924
Dallas, TX 75373-5924

Thank you.

Accounting Department
Goodheart-Willcox Publisher