



# 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 – PUBLIC ORGANIZATION

Name of Organization \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Telephone Fax E-mail

☐ Prepay shipping (included on invoice)

☐ Please use our attached routing instructions

Ship to address (if different from bill to address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Telephone Fax E-mail

Organization is owned by \_\_\_\_\_

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\_\_\_\_\_

If for Resale, list certificate #'s: \_\_\_\_\_  
Please list all numbers from all states you will be reselling in. (Attach sheet if necessary)

Type of  
Ownership: \_\_\_\_Sole Owner \_\_\_\_Partnership \_\_\_\_Corporation \_\_\_\_Other

Federal ID# \_\_\_\_\_

Party responsible for payment: \_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Contact Name Telephone

**Accounts Payable Contact Information:**

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

The undersigned verifies that the information submitted is true and correct.

\_\_\_\_\_  
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](mailto: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](mailto:accounting@g-w.com)

Name: Goodheart-Willcox Co, Inc.

Phone: 800-323-0440

Contact Name: Barb Sealy

Title: Accounting Manager

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## 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

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

Thank you.

Accounting Department  
Goodheart-Willcox Publisher