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 1-708-468-8692

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: | | | | | | | | | | | | | | | | |

_____ _____ _____
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