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VENDOR SET UP REQUEST

Vendor Information

Name _____ Tax ID No _____
(No Abbreviations)
Address1 _____ Contact Name _____
(P.O. Boxes must include a street address)
Address2 _____ Phone (____) _____
City _____ Fax (____) _____
State _____ Zip Code _____ - _____ E-mail _____

Remittance Address (if different from address above)

Address1 _____ City _____
Address2 _____ State _____ Zip Code _____ - _____

Vendor Type

- Corporation
- Government Agency
- Individual/Sole Proprietor
- Non-Profit
- Partnership

Vendor Classification

- Minority Owned
- Women Owned
- Other _____

Form W-9 is required for all U.S. vendors. Foreign vendors are required to provide Form 8223, W-8BEN, W-8ECI, W-8EXP or other IRS forms. U.S. resident authors are required to complete Form NR301, NR302 or NR303 to claim treaty benefits for royalty payments.

Banking Information (for ACH deposit)

Bank Name _____ Bank Contact Name _____
Bank Address _____ Bank Phone _____
Bank City _____ State _____ Zip Code _____ - _____
ABA Routing _____ Account # _____ Account Type Checking
(Check one) Savings

Authorization: Please sign below to confirm that you are authorizing Goodheart-Willcox to begin transferring payments for your invoices to the account above.

I hereby certify under penalty of perjury that the information provided on this document is true and correct.

Printed Name Title Date

Signature

Please submit a copy of a voided check (for ACH set up) with the completed form and send (mail, fax, e-mail) to the address above. Invoices must be addressed to A/P and preferably e-mailed to ap@g-w.com.