



1123 - 129th Ave
Wayland, MI 49348
269-792-7777

Vendor Name _____
Address #1 _____
Address #2 _____
City _____ **State** _____ **Zip** _____
Email Address _____
Phone # _____
AR Contact Person _____

REMIT TO:

SAME AS ABOVE

Vendor Name _____
Address #1 _____
Address #2 _____
City _____ **State** _____ **Zip** _____

PAYMENT TERMS:

- 2% 10, NET 30
- NET 30 DAYS
- OTHER

Business Website

Date Business Started

Is this a Michigan based Entity?

YES **NO**

Is this a Publically Traded Entity?

YES **NO**

MINORITY OWNED BUSINESS INFORMATION:

(Check all that apply)

- Disabled Veteran
- Native American
- Woman Owned
- Other minority _____

Is Minority Owned Vendor Certified?

YES **NO**

Certification # _____

Expiration Date _____

(Please Submit Copy of Certificate)

Proof of Liability Insurance is Required. Please return a copy of certificate with vendor profile.

Please submit all invoices to ap@gunlakecasino.com.