



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

_____ 1% 10, NET 30

_____ NET 10 DAYS

_____ NET 30 DAYS

_____ NET 10TH OF MONTH

_____ NET 25TH OF MONTH

PAYMENT OPTIONS

_____ CHECK

_____ EFT/ACH (available late 2016)

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

If YES: 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.