



Vendor Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Email Address: _____

Phone number: _____

Business Website: _____ Date Business Started: _____

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

REMIT TO:

Same as Above Yes

Vendor Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Remit To Contact: _____ Email Address: _____

PAYMENT TERMS:

NET 30: Yes

Other (discount): _____

Is Vendor:

Licensed or Regulated by the State of Michigan: Yes

Publicly Traded Yes

Minority Owned Yes Minority Owned Certificate _____ Expiration _____

Disabled Veteran Yes

Native American Yes

Woman Owned Yes

Other minority Yes

Send completed form and W9 to purchasing@gunlakecasino.com

Send invoices to Accounts.Payable@gunlakecasino.com

Proof of Liability Insurance is also REQUIRED if working on property.