



The Great Plains Laboratory, LLC

New Client Credit Card Authorization Form

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SPECIAL OFFERS FOR NEW CLIENTS

- 1. Organic Acids Test **\$179** (\$259 value) Quantity: _____
- 2. *Organic Acids Test + IgG Food MAP Test **\$319** (\$468 value) Quantity: _____
 IgG collection method (circle one): **serum** or **dried blood spot**
- 3. *Organic Acids Test + GPL-TOX combo **\$279** (\$418 value) Quantity: _____
- 4. *Organic Acids Test + MycoTOX Profile combo **\$299** (\$508 value) Quantity: _____
- 5. IgG Food MAP Test **\$169** (\$209 value) Quantity: _____
 IgG collection method (circle one): **serum** or **dried blood spot**
- 6. Mold IgE Allergy Test **\$129** (\$159 value) Quantity: _____
- 7. *ENVIROtox Complete Panel (OAT, GPL-TOX, MycoTOX, Glyphosate) **\$499** (\$714 value) Quantity: _____

*Tests are to be used in combination with one patient sample for discount eligibility

Please note that these discounted tests must be sent into the lab within 18 months after your purchase date to prevent expiration.

Disclaimer: In order to provide our clients with the most accurate information, we ask that you do not share documents publicly or privately, including on social media. All prices are subject to change.

Credit Card Authorization Form	
Total amount to charge:	Ship kits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Practitioner Name:	
Type of Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name on card (if different from above):	
Credit Card Number:	
Expiration Date:	Security Code:
Billing Zip Code:	
Would you like us to keep this card on file to bill for future patient tests at the physician billing rates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Practitioner Signature:	