



# The Great Plains Laboratory, Inc.

Please fill out the below form with the credit card detail that you would like kept on file with The Great Plains Laboratory, Inc.

|                     |  |
|---------------------|--|
| Name on GPL account |  |
| Card Type           |  |
| Card Number         |  |
| Name on Card        |  |
| Expiration Date     |  |
| CVC                 |  |
| Billing Zip Code    |  |

Once completed, please save a copy and send it to [NCF@GPL4U.com](mailto:NCF@GPL4U.com) or fax it to 913-815-4043.