

GAGE GANDY BAILBONDS
116 N, WASHINGTON AVENUE
BRYAN, TEXAS 77803
OFFICE: (979) 821-2663
FAX: (979) 823-4542



AUTHORIZATION FOR CREDIT CARD PAYMENT TRANSACTION

I, _____, hereby authorize the following transaction:

Date of Transaction: _____

Merchant ID No.: _____

Billing Address: _____

Phone Number: _____

Type of Card: _____

Expiration Date: _____

Security Code (back of card): _____

Authorization Approval: _____

Multiple Payment Option:

Weekly

Biweekly

Monthly

Last Expected Payments: _____

Reason of Transaction: _____

By my signature, I hereby acknowledge that the above transaction is true and correct.

Signature of Cardholder

Signature of Merchant or Representative

Print Name of Cardholder

Date

Date