# MUNICIPAL COURT – CITY OF GULFPORT

**2218 15th Street Gulfport, MS 39501**
**Voice: (228) 868-5855**
**Fax: (228) 868-5744**

I, the undersigned, do hereby authorize a credit card payment in the amount of $_____.____ to the Municipal Court for the City of Gulfport, Mississippi, to be credited to the account of the Defendant named below. By signing below, I certify I am authorized to make charges upon the credit card identified below and that the correct name and address, as it appears on the Credit Card Account, is listed below. I further understand and agree that credit to the Defendant's Municipal Court account will not be given until the credit card issuer accepts the charge request and provides a transaction authorization number to the Municipal Court.

Defendant Name: _____

Credit Card Number: _____

Credit Card Type: VISA MasterCard (Circle One)

Expiration Date: _____ _____
(Month) (Year)

Account Name: _____

Account Address: _____

_____

_____ _____
Authorized Signature Date

Printed Name: _____

Address: _____

_____

Telephone: (_____) _____

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(FOR COURT USE ONLY)

Clerk: _____ Date: _____ Authorization: _____

Defendant Name: _____ Amount Credited: $_____._____

Docket Number(s) Credited: _____ Control #: _____

GMC-FORM-MC-51(12-26-07)