

# CREDIT CARD AUTHORIZATION

I authorize Camren Photographic Resources to use my credit card for deposit and/or payment purposes as defined by the terms and conditions of Camren Photographic Resources, Inc.

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name(s) that appear on the card (please print)

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholders Billing Address (please print)

\_\_\_\_\_  
\_\_\_\_\_

Day phone number (if we have to reach you)

\_\_\_\_\_

Please return or fax this back to Camren Photographic Resources at:

Camren Photographic Resources, Inc.  
1340 W. Byers Pl.  
Denver, CO 80223

Phone (303) 698-1797  
Fax (303) 698-1799

**Any modifications made to this form will make it unacceptable for use.**