

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) _____

I wish for Camren to keep this card on file for future usage. yes no

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
email: info@camren.com

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