

## **Credit Card Authorization**

Date:
Name on Card:
Credit Card #: XXXX-XXXX-XXXX (last 4 digits only)
Expiration Date: 3-Digit Security Code:
Reservation #: Date of Stay:
Reservation Name:
Please charge my credit card for the following items:
Room and Tax/Resort Fee Incidental Hold
Room Charges (Food, Retail, and Entertainment)
By signing this form I am authorizing Six Flags Great Escape Lodge & Indoor Waterpark to charge the above items on my credit card.
Signature:
Date:

Please fax completed form to 518-824-6006, OR mail\* to:

Six Flags Great Escape Lodge & Indoor Waterpark 89 Six Flags Drive - Queensbury, NY 12804

\*Note: If you wish to send the form by mail, please ensure that there is enough time for us to receive the form before the arrival date. The form must be on file in order for the guest to check in.