



## Pre-Pay Reservation Form

Reservation Name: \_\_\_\_\_

Reservation Date: \_\_\_\_\_ Reservation Time: \_\_\_\_\_

### BILLING INFO

Full Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number ( ) - \_\_\_\_\_ FAX ( ) - \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Type VISA M/C AMEX DISC Exp \_\_\_\_\_

Card Number - - - CSC \_\_\_\_\_

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

<b>Charge:</b>	<b>Entire Bill</b>	<b>Item (Specify)</b>	<b>Other (Specify)</b>
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% of Gratuity			
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Valet Charges	Yes	No	
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Special Notes

I authorize my credit card to be charged for the above amount. I am aware that I will receive a copy of the charge slip and that this slip will act as my record of this transaction.

Please FAX or EMAIL completed form to Anna or Jessica at (312) 624-9521 or  
anna.dawson@chicagocutsteakhouse.com or  
jessica.headley@chicagocutsteakhouse.com