



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 _____

Charge:	Entire Bill	Item (Specify)	Other (Specify)
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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 Katrina at (312) 624-9521 or
anna.dawson@chicagocutsteakhouse.com or
Katrina.loverde@chicagocutsteakhouse.com