



## 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)**

% of Gratuity \_\_\_\_\_

Valet Charges              Yes                      No

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 Ileana or Allison at (312) 624-9521 or  
ileana.bodarna@chicagocutsteakhouse.com or  
allison.stange@chicagocutsteakhouse.com