

Steak Knives Order Form

Steak Knife Set	# of sets					
Total # of sets BILLING INFO Full Name	#	_(\$100 pe	r set, \$10⊺	per set for p	oackagin	g + cost of shipping)
Address Line 1						
Address Line 2						
City			State		ZIP	
Phone Number	()	-		FAX <u>(</u>)	-
Name on Card						
Card Type	VISA	M/C	AMEX	DISC	Exp	
Card Number		-	-	-	CSC_	
Signature						Date
SHIPPING INFO Full Name						
Address Line 1						
Address Line 2						
City			State		ZIP	
Phone Number	()	-				
Special Notes						
Shipping #:	Fed Ex			UPS		

I authorize my credit card to be charged for the above amount.

Please FAX or EMAIL completed form to Anna or Jennifer at (312) 624-9521 or anna.dawson@chicagocutsteakhouse.com or jennifer.ventresca@chicagocutsteakhouse.com