



## GIFT CARD ORDER FORM

Gift Card Amount \$ \_\_\_\_\_ Gift Card 2 Amount \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

### 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 \_\_\_\_\_

### SHIPPING INFO

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

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

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

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

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

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 Claudia or Teri at (312) 624-9521 or [claudia.fernandez@chicagocutsteakhouse.com](mailto:claudia.fernandez@chicagocutsteakhouse.com) or [teri.dasse@chicagocutsteakhouse.com](mailto:teri.dasse@chicagocutsteakhouse.com)