



Steak Knives Order Form

Steak Knife Set # of sets _____
Total # of sets # _____ (\$100 per set, \$10 per set for packaging + cost of shipping)

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

Shipping #: Fed Ex _____ UPS _____

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

Please FAX or EMAIL completed form to Claudia or Teri at (312)624-9521 or
claudia.fernandez@chicagocutsteakhouse.com / teri.dasse@chicagocutsteakhouse.com