

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	ng + cost of shi	pping) —
Address Line 1							
Address Line 2							<u> </u>
City			State		ZIP_		
Phone Number	()	-		FAX ()	-	_
Name on Card							
Card Type	VISA	M/C	AMEX	DISC	Ехр		
Card Number		-	-	<u>-</u>	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 Julie at (312)624-9521 or claudia.fernandez@chicagocutsteakhouse.com / Julie.lee@chicagocutsteakhouse.com