



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 either Claudia or Teri at (312) 624-9521 or claudia.fernandez@chicagocutsteakhouse.com / Teri.dasse@chicagocutsteakhouse.com