



## 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 Erika Glynn at (312) 624-9521  
or [claudia.fernandez@chicagocutsteakhouse.com](mailto:claudia.fernandez@chicagocutsteakhouse.com) /  
[erika.glynn@chicagocutsteakhouse.com](mailto:erika.glynn@chicagocutsteakhouse.com)