

Steak Knives Order Form

Steak Knife Set	# of sets						
Total # of sets BILLING INFO Full Name	#	_(\$100 pe	er set, \$10	per set for µ	backagin	ig + cost of sh	ipping)
Address Line 1							
Address Line 2							
City			State		ZIP_		
Phone Number	()	-		FAX <u>(</u>)	-	
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 Erika at (312)624-9521 or claudia.fernandez@chicagocutsteakhouse.com / erika.glynn@chicagocutsteakhouse.com