



GIFT CARD ORDER FORM

Gift Card Amount \$ _____ Gift Card 2 Amount \$ _____

Total Amount \$ _____

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 _____

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 Phillip or Livia at (312) 624-9521 or phillip.chenevert@chicagocutsteakhouse.com