



## 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.

Proof of identification required with all orders.

Please FAX or EMAIL completed form to Dennis at (312) 624-9521 or [info@chicagocutsteakhouse.com](mailto:info@chicagocutsteakhouse.com) or [dennis.gacek@chicagocutsteakhouse.com](mailto:dennis.gacek@chicagocutsteakhouse.com)