

Steak Knives Order Form

Steak Knife Set	# of set	s _					
Total # of sets BILLING INFO Full Name	#	(\$	\$100 pe	er set, \$10	per set for	packagin	g + cost of shipping
Address Line 1							
Address Line 2							
City				State		ZIP_	
Phone Number	()		-		FAX <u>(</u>)	
Name on Card							
Card Type	VISA		M/C	AMEX	DISC	Ехр	
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	x _			UPS _		

I authorize my credit card to be charged for the above amount.

Please FAX or EMAIL completed form to Livia or Jennifer at (312) 624-9521 or livia.mategrano@chicagocutsteakhouse.com or jennifer.ventresca@chicagocutsteakhouse.com