



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 Allison or Phillip at (312) 624-9521 or allison.diedrich@chicagocutsteakhouse.com or phillip.chenevert@chicagocutsteakhouse.com