



**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 Livia at (312) 624-9521 or info@chicagocutsteakhouse.com or livia.mategrano@chicagocutsteakhouse.com