CHICAGO PRIME
STEAKHOUSE

Payment Authorization Form

Purchaser Name	
Street Address	
City	
State	
Zip	
Phone	
Fax or Email	
Credit Card #	
Card Type	Amex MC Visa Disc Diners
Exp. Date	

I give Chicago Prime Steakhouse permission to use the above credit card to purchase _____ in the amount of $ _____.

Signature _____

For:
On Date:
Purchase will be used toward:
Notes/ Instructions:

1444 E. Algonquin Rd. Schaumburg, IL 60173
Phone: 847.969.9900 Fax: 847.969.9901