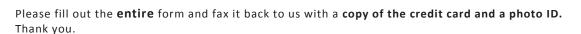
## Gift Certificate Purchase/ Credit Card Authorization Form



| Name                         |                                 | Company                   |                     |
|------------------------------|---------------------------------|---------------------------|---------------------|
| Phone #                      | Fax#                            | Email                     |                     |
|                              |                                 |                           |                     |
| This is to authorize Dak     | ota's Steakhouse to ch          | arge to my credit card ac | count the amount of |
| \$ fc                        | or the purchase of              |                           |                     |
| Leave amount blank if paying | for lunch/dinner)               |                           |                     |
| would like to charge i       | t to the following card:        |                           |                     |
| VISA   MASTERCARD   AI       | MEX   DINERS CLUB   DISCO       | OVER                      |                     |
| Name                         |                                 |                           |                     |
| As it appears on card)       |                                 |                           |                     |
| Credit Card#                 |                                 |                           |                     |
| Exp. Date                    |                                 |                           |                     |
| Signature                    |                                 | Date                      |                     |
| 5,6,14,41,6                  |                                 |                           |                     |
| Special Instructions (       | N/A if paying for meal on-site) |                           |                     |
|                              | the gift certificate at D       | akota's Steakhouse        |                     |
| Please mail                  | the Gift Certificate to th      | ne following              |                     |
| address (allo                | ow 7 to 10 days for delivery)   |                           |                     |
| Name:                        |                                 |                           |                     |
|                              |                                 | '                         |                     |
| Street:                      |                                 |                           |                     |
| City/St./Zip-                |                                 |                           |                     |
| City/3t./2ip                 |                                 | ,                         |                     |
| Would you like a copy c      | of the receipt?                 |                           |                     |
| O I would like               | the receipt faxed to me         | 2                         |                     |
| O I would like               | the receipt e-mailed to         | me                        |                     |
| O I would like               | the receipt included wit        | th the Gift Certificate   |                     |

A 10% fee will apply to all cancelled and reissued gift certificates

