

* Indicates required field		
Name on Order:	* Phone:	*
Address:	* City:	* State:*
Email:	Ear Tag: \	Jnder 30 Mo. ○ Yes ○ No
Appointment Date:	Age Time: days Carca	ass ID:
Producer or Farm:		
O <u>USDA</u> or <u>Custom:</u>	O Whole Beef O ½ Beef O ¼ Beef Ha	inging Wt

Steak Per Pack: 1* 2 3 4

Roast Size: 0 2-3 lb or 0 3-4 lb

Ground: ○ 1lb* or ○ 2lb

Organ Meats

OLiver OHeart OTongue OOxtail

Please notify at drop off if you want organ meats. If a carcass is split, organ meats stay with original order #. Please notify us at pickup if you have organ meat

*Extra charges: \$20 flat fee for 1lb ground, ground roll out & 1 steak per pack, \$20 flat tenderizing fee per order Selections not checked below will be used for ground beef.

Roasts: O Chuck Roast Oth	er Front Quarter Cuts:		
O Shoulder Roast O SI	nort Ribs		
O Br	isket (Whole / Half)		
O Sk	irt Steak		
Rib: Bone-In Boneless			
O Ribeye OR O (Boneless Ribeye)	<i>"</i>		
Loin:			
O Sirloin"			
O T-Bone (Bone-In) " OR O New York Strip " & Filet (Boneless) "			
O Flank Steak			
Round: Tenderize: Y / N	Extra:		
Top Round Bottom Round Eye Round	○ <u>Soup Bones</u>		
O Steak O Steak O Steak			
O Top Round Roast O Bottom Round Roast O Eye Round Roast	o <u>Stew Meat*</u> Lbs.		
O <u>Sirloin Tip Roast</u>			
Special Cutting Instructions:	For Office Use		
Special Cutting matructions.	Processing Total: \$		
	# of Boxes:		