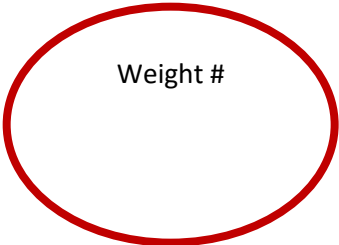


Customer Name: _____
 Signature: _____ Date: _____
 Address: _____ Phone: _____



FRONT QUARTER

PLEASE CIRCLE YOUR CHOICES

Chuck

Roast lbs. _____ number of roasts _____

Arm

Roast lbs. _____ number of roasts _____

Grind _____

Brisket

Point cut OR Whole lbs. _____ per package

Grind _____

Rib

Roast lbs. _____ number of roasts _____

Steak Ribeye thickness in inches _____ #per package _____

Short Ribs 3" OR Grind _____

HIND QUARTER

T Bone thickness in inches _____ #per package _____

Porterhouse thickness in inches _____ #per package _____

Flank Steak Regular OR Tenderized

ALL ROASTS ARE BONE-IN

Sirloin

Roast lbs. _____ number of roasts _____

Steak thickness in inches _____ #per package _____

Top Round

Roast lbs. _____ number of roasts _____

Cube Steak # per package _____

Bottom Round

Roast lbs. _____ number of roasts _____

Cube Steak # per package _____

NOTES: _____

Trim

Ground 1# 2# tube only

Stew lbs. per package _____ number of packages _____

Bones SOUP DOG NO

Organs

Heart Liver Tongue Kidney Ox Tail