

BEEF ORDER FORM	Hang Weight:
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Date: _____

Name: _____

Address: _____

Contact #: _____ Cell / Home

Email Address: _____

Animal #: _____ Hang Time: _____

Vacuum Package / Butcher Wrap

				Per Pkg.	Thick/Wt.
Round Stk.	Cube	Tend	Roast		
Sirloin Stk.	Bnls	Tend	Roast		
Rib Stk.	Ribeye	BI Roast	BL Roast		
T-Bone	Fillet	BI KC Stk	BI Roast		
	Bac W Fil	BL KC Stk	BL Roast		
Roasts	Chuck	Arm	Rump		
	Pike's Pk	Brisket	Sir Tip		
Hamburger	Chub	Vacuum			
Ribs	Short	Half Rib	Grind		
Stew Meat					
Chili Meat					
Dog Bones	Lg. Bag	Small Bag	Big/small	# of bags _____	
Soup Bones	Neck	Marrow	All	lbs/pkg _____	
Liver	No	Slice	Chunk	Tongue	Yes No
Heart	No	Whole	Slice	OxTail	Yes No
Flank	Tend	Score		Skirt	Tend Score
Special Notes:					

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