

NAME: _____

LOT#: _____

PHONE NUMBER: _____

WEIGHT: _____

HARVEST DATE: _____

HIND 1/4		Thickness / LBS
<input type="checkbox"/>	T-Bones	
<input type="checkbox"/>	Striploin (NY)	
<input type="checkbox"/>	Tenderloin	
	Top Sirloin:	
<input type="checkbox"/>	- Roasts	
<input type="checkbox"/>	- Steaks	
<input type="checkbox"/>	Flank	
	Inside Round:	
<input type="checkbox"/>	- Roasts	
<input type="checkbox"/>	- Steaks	
	Outside Round:	
<input type="checkbox"/>	- Roasts	
<input type="checkbox"/>	- Steaks	
	Sirloin Tip:	
<input type="checkbox"/>	- Roasts	
<input type="checkbox"/>	- Steaks	
	Eye of Round:	
<input type="checkbox"/>	- Roasts	
<input type="checkbox"/>	- Steaks	
<input type="checkbox"/>	Stew	
<input type="checkbox"/>	Tri-Tip	
<input type="checkbox"/>	Bavette	
<input type="checkbox"/>	Hind Shank	
<input type="checkbox"/>	Bones	

FRONT 1/4		Thickness / LBS
	Blades:	
<input type="checkbox"/>	- Roasts	
<input type="checkbox"/>	- Steaks	
	Cross Rib: <i>Boneless</i> <input type="checkbox"/>	
<input type="checkbox"/>	- Roasts <i>Bone-in</i> <input type="checkbox"/>	
<input type="checkbox"/>	- Steaks	
<input type="checkbox"/>	Brisket	
	Fore Shank:	
<input type="checkbox"/>	- Crosscut	
<input type="checkbox"/>	- Ground	
<input type="checkbox"/>	Short Ribs	
	Prime Rib:	
<input type="checkbox"/>	- Roast	
<input type="checkbox"/>	- Rib Steaks	
<input type="checkbox"/>	- Rib Eyes	
<input type="checkbox"/>	Skirt Steak	
<input type="checkbox"/>	Farmer Steaks (Denver)	
<input type="checkbox"/>	Flat Irons	

CHOOSE THE OFFAL YOU WISH TO KEEP:

- Heart Oxtail
- Liver Kidneys
- Tongue

STEAKS PER PACK: _____

SPECIAL REQUESTS: _____

LEAN GROUND BEEF: _____

STEW BEEF: _____

EXTRA SLICES FAT FOR ROASTS? YES NO

ORDER SPLIT IN HALF? YES NO