

Name _____

Invoice _____ of _____

Phone _____

Ear Tag _____ Live Wt. _____ Dress Wt. _____



3739 Avon Lake Rd.
Litchfield, Ohio 44253
Cell: (216) 337-1086
Work: (330) 722-4501
Fax: (330) 722-3388

Date _____ 20_____

Whole _____
Half _____
Quarter _____

CUTTING INSTRUCTIONS Grassfed

Cut	Thickness	No. in Package	L.B.	Price	Amount
Kill Charge					
Round <input type="checkbox"/> Grind					
<input type="checkbox"/> London Broil <input type="checkbox"/> Eye of Round					
<input type="checkbox"/> Cube <input type="checkbox"/> Bottom Round Roast					
<input type="checkbox"/> Round Steak <input type="checkbox"/> Top Round Roast					
Sirloin <input type="checkbox"/> Boneless	1/2" 3/4" 1"				
Porterhouse <input type="checkbox"/> Filet	1/2" 3/4" 1"				
T-Bone <input type="checkbox"/> Strip	1/2" 3/4" 1"				
Rump Roast					
Sir. Tip Roast or Steak					
Stew <input type="checkbox"/> Kabob					
Shank - Bone In					
Ground Beef					
Patties	1/4 1/3 1/2				
Rib Steak or Roast	1/2" 3/4" 1"				
Chuck Steak <input type="checkbox"/> Boneless					
Blade Roast					
English Roast					
Round Bone Roast					
Brisket <input type="checkbox"/> Fresh <input type="checkbox"/> Corned					
<input type="checkbox"/> Heart <input type="checkbox"/> Tail <input type="checkbox"/> Tongue <input type="checkbox"/> Liver <input type="checkbox"/> Soup Bones <input type="checkbox"/> Short Ribs <input type="checkbox"/> Skirt <input type="checkbox"/> Flank					
				Hauling	

Additional Cost

Amount Due

Total Paid

Received On _____

Customer Name X _____

3% Credit Card Charge

www.kellereats.com

