

Name _____

Invoice _____ of _____

Phone _____

Ear Tag _____ Live Wt. _____ Dress Wt. _____



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Litchfield, Ohio 44253
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Date _____ 20____

Whole _____
Half _____

CUTTING INSTRUCTIONS

Cut	Thickness	No. in Package	L.B.	Price	Amount
Kill Charge					
Hams <input type="checkbox"/> Fresh <input type="checkbox"/> Smoked	<input type="checkbox"/> Whole <input type="checkbox"/> Half <input type="checkbox"/> Quartered <input type="checkbox"/> Center Slice <input type="checkbox"/> All Slice				
Hams <input type="checkbox"/> Fresh <input type="checkbox"/> Smoked	<input type="checkbox"/> Whole <input type="checkbox"/> Half <input type="checkbox"/> Center Slice <input type="checkbox"/> All Slice				
Loin <input type="checkbox"/> Smoked	1/2" 3/4" 1"				
Chops <input type="checkbox"/> Boneless	1/2" 3/4" 1"				
Boston Butt <input type="checkbox"/> Cottage Ham	1/2" 3/4" 1"				
Picnic					
Spare Ribs <input type="checkbox"/> Whole <input type="checkbox"/> Split					
Bacon <input type="checkbox"/> Regular <input type="checkbox"/> Thick No Nitrate <input type="checkbox"/> Peppered <input type="checkbox"/> Thin	Fresh Side <input type="checkbox"/> Sliced <input type="checkbox"/> Slab				

Sausage					
<input type="checkbox"/> No MSG	<input type="checkbox"/> No MSG	<input type="checkbox"/> No MSG	<input type="checkbox"/> No MSG	<input type="checkbox"/> No MSG	<input type="checkbox"/> No MSG
<input type="checkbox"/> Hot Italian	<input type="checkbox"/> Sweet Italian	<input type="checkbox"/> Brats	<input type="checkbox"/> Kielbasa	<input type="checkbox"/> Country	<input type="checkbox"/> Maple
<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____
<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____
<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____
<input type="checkbox"/> Salt & Pepper	<input type="checkbox"/> Ground Pork	<input type="checkbox"/> Chorizo	<input type="checkbox"/> _____	<input type="checkbox"/> B. Links _____	<input type="checkbox"/> B. Links _____
<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____	<input type="checkbox"/> Casing _____	Casing _____ x _____ = _____	
<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____	<input type="checkbox"/> Bulk _____	Patties _____ x _____ = _____	
<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____	<input type="checkbox"/> Patties _____	B Links _____ x _____ = _____	

Neck Bones	Fat for Lard	Hocks		Hauling	
		<input type="checkbox"/> Fresh <input type="checkbox"/> Smoked		Amount Due	
				Total Paid	
				Balance Owed	

3% Credit Card Charge



Customer Name X _____

Received on _____