



8344 Bay Lake Road
Groveland, FL 34736
Office: 352-978-0294

Customer Information and Fees

CUSTOMER NAME: _____

ORDER NO: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

DATE RESERVED: _____

DATE RCVD: _____

PRICING*

(ALL PRODUCT IS VACUUM PACKAGED)

KILL FEE: \$150.00

PROCESSING FEE: \$1.20 HANG WT*

USDA FEE: \$100.00

*(1 LB PACKS OR SINGLE STEAKS ADDITIONAL .10 PER POUND CT HANG WT)

Over 30 Months of Age: Yes No If yes - Add'l \$50.00 each (No Bone In)

Payment Due at Pick UP - Check or Cash - No Credit Card or Debit

I, the undersigned, representing as owner of this animal(s) make the following certifications.

I certify that all labeled withdrawal periods on medication or chemicals have been met and no residual traces remain.

I certify that the age of the animal is correct.

I understand that all product not picked up within 7 days will be charged a late fee of \$20.00 per day.

I understand that all product not picked up within 14 days can be discarded.

I understand that a condemned or dead in pen animals will be charged the full kill fee for disposal.

I understand any animal under USDA inspection may be randomly tested and held until results are received.

I understand and agree to all the terms specified in this customer order/information sheet.

Signature: _____ Date: _____

Sub Total: _____ Deposit Paid: _____ Total due: _____



Customer Beef Cut Instructions

CUSTOMER NAME: _____

ORDER NO: _____

CUSTOM _____ USDA INSPECTION _____

KILL DATE: _____ TAG NO: _____

AGING TIME REQUESTED: 7-10 DAYS 11-14 DAYS (THESE ARE ESTIMATES)

<u>FRONT</u>	STANDARD STEAK THICKNESS 1" - ROAST 2"					
CHUCK	_____	STEAKS	_____	ROAST	_____	GRIND
RIBEYE	_____	STEAKS	_____	ROAST	_____	
SHOULDER	_____	STEAKS	_____	ROAST	_____	GRIND
BRISKET	_____	YES	_____	NO	WHOLE / SPLIT	
CROSS CUT SHANK	_____	YES	_____	NO		

<u>LOIN</u>			
TOP SIRLOIN	_____	B/I	_____
			B/O
T-BONE & PORTERHOUSE	_____	YES	_____
			NO
OR			
NY STRIP & FILET BONE OUT	_____		

<u>ROUND</u>					
SIRLOIN TIP	_____	STEAKS	_____	ROAST	_____
					CUBED
					GRIND
BOTTOM ROUND	_____	STEAKS	_____	ROAST	_____
					CUBED
					GRIND
EYE ROUND	_____	STEAKS	_____	ROAST	_____
					CUBED
					GRIND
TOP ROUND	_____	STEAKS	_____	LONDON BROIL	_____
					CUBED
					GRIND
TRI TIP	_____	YES	_____	NO	
RUMP ROAST	_____	YES	_____	NO	
FLANK	_____	YES	_____	NO	
SKIRT	_____	YES	_____	NO	

SINGLE STEAKS (ADDITIONAL .10 CT PER POUND HANGING WT)

GROUND BEEF 2 POUND PACKS
 1 or 1.5 (ADDITIONAL .10 CT PER POUND HANGING WT)

PLEASE CIRCLE YES OR NO

STEW MEAT: YES / NO SHORT RIBS: YES / NO OXTAIL: YES / NO
 LIVER: YES / NO HEART: YES / NO

SPECIAL INSTRUCTION: _____