

BEEF CUTTING INSTRUCTIONS



CEDAR ROAD MEATS

FIRST NAME: _____ LAST NAME: _____ KILL DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____

PHONE: _____

PROC. DATE: _____

PRODUCER: _____ PORTION: _____ DESCR: _____ ORDER TAKEN BY: _____

ITEM	DESC	SIZE	/PKG	HANG WEIGHT:	_____	CALLED:	_____
CHUCK RST:							
ARM ROAST:							
RIB ROAST:							
RIB STEAK:							
RIB EYE:							
SHORT RIBS:							
SIRLOIN:							
T-BONE:							
PORTERHOUSE:							
CUBE STEAK:							
ROUND STEAK:							
SWISS STEAK:							
RUMP ROAST:							
SIRLN TIP:							

GROUND BEEF: _____

HAMB PATTI: _____

STEW: Y/N

SOUP BONE: Y/N

HRT/LVR/TNG/OXTAIL: Y/N

SLAUGHTER/HD _____

CUT/WRAP/FREEZE: _____

CUBING: _____

SAUSAGE: _____

PATTIES: _____

ORD CHARGE: _____

COMMENTS: _____

1. Fully complete the cut sheet, if contact information is missing, order will not be processed.
2. Fax your order to: 920-625-2112
3. Call to confirm you cutting instructions.