

Office Use Only

Delivery Date: _____ Processor: _____ Size (whole/half): _____
 Certified Organic Processor? _____ Tag# _____ Live Weight: _____/lbs.

Customer Name: _____ Date Ordered: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular: _____

<p>Steaks:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Qty Per Package</th> <th style="width: 15%; text-align: center;">Thickness</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> NY Strip</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Fillet</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Ribeye</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Top Sirloin</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Top Round</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Chuck</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table> <p>Other:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Skirt Steak</td> <td><input type="checkbox"/> Flank Steak</td> </tr> <tr> <td><input type="checkbox"/> Stew Meat</td> <td><input type="checkbox"/> Short Ribs</td> </tr> <tr> <td><input type="checkbox"/> Brisket</td> <td><input type="checkbox"/> Cube Steak</td> </tr> </table> <p>Roasts:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Lbs Per Package</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Top Round</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Eye Round</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Sirloin Tip</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Bottom Round</td><td style="text-align: center;">_____</td></tr> <tr><td><input type="checkbox"/> Chuck</td><td style="text-align: center;">_____</td></tr> </tbody> </table> <p style="text-align: center;"><u>Any above items you do not want will be deboned and put into hamburger</u></p>		Qty Per Package	Thickness	<input type="checkbox"/> NY Strip	_____	_____	<input type="checkbox"/> Fillet	_____	_____	<input type="checkbox"/> Ribeye	_____	_____	<input type="checkbox"/> Top Sirloin	_____	_____	<input type="checkbox"/> Top Round	_____	_____	<input type="checkbox"/> Chuck	_____	_____	<input type="checkbox"/> Skirt Steak	<input type="checkbox"/> Flank Steak	<input type="checkbox"/> Stew Meat	<input type="checkbox"/> Short Ribs	<input type="checkbox"/> Brisket	<input type="checkbox"/> Cube Steak		Lbs Per Package	<input type="checkbox"/> Top Round	_____	<input type="checkbox"/> Eye Round	_____	<input type="checkbox"/> Sirloin Tip	_____	<input type="checkbox"/> Bottom Round	_____	<input type="checkbox"/> Chuck	_____	<p>Hamburger:</p> <p><input type="checkbox"/> Lbs. Per Package _____</p> <p><input type="checkbox"/> Vacuum Package</p> <p>Please check any items you want:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Liver</td> <td><input type="checkbox"/> Heart</td> </tr> <tr> <td><input type="checkbox"/> Tongue</td> <td><input type="checkbox"/> Hanging Tender</td> </tr> <tr> <td><input type="checkbox"/> Tail</td> <td><input type="checkbox"/> Meaty/Soup Bones</td> </tr> </table> <hr/> <p style="text-align: center;">Processing costs are paid directly to the processor when you pick up your meat.</p> <p style="text-align: center;">Please list below any special cutting instructions for your meat.</p> <p style="text-align: center;">Return this completed form via fax to: (540) 687-9791 or mail it to: Mount Airy Farms P.O. Box 1888 Middleburg, VA 20118</p>	<input type="checkbox"/> Liver	<input type="checkbox"/> Heart	<input type="checkbox"/> Tongue	<input type="checkbox"/> Hanging Tender	<input type="checkbox"/> Tail	<input type="checkbox"/> Meaty/Soup Bones
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Special Cutting Instructions: _____

Customer Signature: _____ **Date:** _____