MEAT PACKER ORDER FORM

SOLD TO _____ DATE_____
ADDRESS_____ P.O. NO._____
CITY, STATE, ZIP_____ DRIVERS SIGNATURE_____

	QUAN.	ITEM	GR	WEIGHT	PRICE	AMOUNT			QUAN.	ITEM	WEIGHT	PRICE	AMOUNT	
		BEEF								FLANKS				
		BEEF								HANGING TENDERS				
										COOLER FAT				
		HIND QTRS.								KIDNEYS				
		HIND QTRS.								BRISKETS				
										PLATES				
		TRIM H/4												
		TRIM H/4								LIVER #1				
										LIVER #2				
		ROUNDS								HEART				
		ROUNDS								TONGUE #1				
										TONGUE #2				
		LOINS												
		LOINS								LAMB				
										LAMB				
		FORE QTRS.								SADDLE				
		FORE QTRS.								FORE				
		BACKS								TRIMMER				
		BACKS								LEGS				
		TRIANGLES								LOINS				
		TRIANGLES								RAX				
		FULL CHUX								STEWS				
		FULL CHUX								S CHUX				
										BREAST				
		ARM CHUX								SHANK T - ON				
		ARM CHUX								SHANK T - OFF				
										BACKS				
		RIBS												
		RIBS												

ALL CLAIMS MUST BE MADE AT TIME
OF DELIVERY
ACCOUNTS DUE & PAYABLE WEEKLY

TOTAL DUE		

RECEIVED BY _____