



PORK cutting order DATE

NAME

PH # 224-407-1114

PHONE

White paper wrap (.75/lb) or clear vac (\$1/pd)

PORK CHOPS: BONELESS___BONE IN___ HOW THICK_____ # PER PACK_____

PORK LOIN ROAST YES OR NO HOW MANY POUNDS@_____ & BONE IN OR OUT

PORK TENDERLOIN YES OR NO

SHOULDERS: STEAKS? YES OR NO HOW THICK___ ROAST ? YES OR NO HOW MANY #'S _____

HAMS: YES OR NO HAMS? #'S _____ HAM STEAKS? _____ SMOKED OR FRESH

BABY BACK RIBS (IF DOING BONELESS CHOPS ONLY) YES OR NO

SPARE RIBS YES OR NO

TRIMMINGS CAN BE MADE INTO THE FOLLOWING (PICK 2 OPTIONS PER ½)

GROUND PORK___ BREAKFAST SAUSAGE BULK_____BS HOT___ PATTY'S___ LINKS___

BRAT PATTIES___ OR BRATS: PLAIN CHEDDAR BEER ITALIAN SAUSAGE

BACON SLICED: SMOKED? YES OR NO, REGULAR OR THICK, OR PORK BELLY

CIRCLE IF YOU WANT: NECK JOWL FEET HOCKS- FRESH OR SMOKED

ANY OTHER NOTES: _____