



	HOG CUTTING ORDER			HOW THICK	PER/PKG		
HAMS	CURE <input type="checkbox"/>	STEAK <input type="checkbox"/>	ROAST <input type="checkbox"/>	TRIMMINGS <input type="checkbox"/>			
BACON	CURE <input type="checkbox"/>	NUMBER <input type="checkbox"/>	SLICE <input type="checkbox"/>	TRIMMINGS <input type="checkbox"/>			
PORK LOIN	CHOPS <input type="checkbox"/>	BUTTERFLY <input type="checkbox"/>	WHOLE BNDLS <input type="checkbox"/>				
BUTT	C/S <input type="checkbox"/>	STEAKS <input type="checkbox"/>	ROAST <input type="checkbox"/>	TRIMMINGS <input type="checkbox"/>			
PICNIC	STEAK <input type="checkbox"/>	ROAST <input type="checkbox"/>	TRIMMINGS <input type="checkbox"/>				
RIBS	WHOLE <input type="checkbox"/>	SPLIT <input type="checkbox"/>					
HEAD	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
FAT	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
TRIMMINGS	GROUND PORK <input type="checkbox"/>	PAN SAUSAGE <input type="checkbox"/>	LINK SAUSAGE <input type="checkbox"/>				

NAME: _____

ADDRESS: _____

PHONE: HOME _____ HOME _____ CELL _____