



RETAIL ORDER FORM

Order Date:	Se	rvice/Pick	up Da	te:	
Pickup location:					
Butcher Shop SHC	Other				
				Time:	
Name:					
Address:					
City, State, Zip:					
Email:					
Steaks	Thick:		Qty:_		
	Thick:		Qty:_		
	Thick:		Qty:_		
Roasts	Size:				
	Size:				
Hamburger: Pounds:_		_ PKG SIZE	Ξ. 1#	2# 5#	
PATTIES:	1/3 1/2	QTY:		FRESH OR FROZEN	
OTHER					
TOTAL:		PAID:			