



7271 State Road 259  
Lost River, WV 26810  
304-897-2333  
tccmeats@gmail.com

# RETAIL ORDER FORM

Order Date: \_\_\_\_\_ Service/Pickup Date: \_\_\_\_\_

## 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. 1# 2# 5#

PATTIES: 1/3 1/2 QTY: \_\_\_\_\_ FRESH OR FROZEN

OTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL: \_\_\_\_\_ PAID: \_\_\_\_\_