

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Ear Tag \_\_\_\_\_ Live Wt. \_\_\_\_\_ Dress Wt. \_\_\_\_\_

**T.L. Keller Meats**  
 3739 Avon Lake Rd.  
 Litchfield, Ohio 44253  
 Cell: (216) 337-1086  
 Work: (330) 722-4501  
 Fax: (330) 722-3388

Date \_\_\_\_\_ 20\_\_\_\_

Whole \_\_\_\_\_  
 Half \_\_\_\_\_

## CUTTING INSTRUCTIONS

Cut	Thickness	No. in Package	L.B.	Price	Amount
<b>Kill Charge</b>					
<b>Hams</b> <input type="checkbox"/> Fresh <input type="checkbox"/> Smoked	<input type="checkbox"/> Whole <input type="checkbox"/> Half <input type="checkbox"/> Center Slice				
<b>Hams</b> <input type="checkbox"/> Fresh <input type="checkbox"/> Smoked					
<b>Loin</b>	1/2" 3/4" 1"				
<b>Chops</b>	1/2" 3/4" 1"				
<b>Boston Butt</b> <input type="checkbox"/> Cottage Ham	1/2" 3/4" 1"				
<b>Picnic</b>					
<b>Spare Ribs</b> <input type="checkbox"/> Whole <input type="checkbox"/> Split					
<b>Bacon</b> <input type="checkbox"/> Regular <input type="checkbox"/> Peppered					
<b>Sausage</b> <input type="checkbox"/> Hot Italian <input type="checkbox"/> Sweet Italian <input type="checkbox"/> Brats <input type="checkbox"/> Kielbasa <input type="checkbox"/> Country <input type="checkbox"/> Maple	<input type="checkbox"/> Casing _____ <input type="checkbox"/> Bulk _____ <input type="checkbox"/> Patties _____	<input type="checkbox"/> Casing _____ <input type="checkbox"/> Bulk _____ <input type="checkbox"/> Patties _____	<input type="checkbox"/> Casing _____ <input type="checkbox"/> Bulk _____ <input type="checkbox"/> Patties _____	<input type="checkbox"/> Casing _____ <input type="checkbox"/> Bulk _____ <input type="checkbox"/> Patties _____ <input type="checkbox"/> B. Links _____	<input type="checkbox"/> Casing _____ <input type="checkbox"/> Bulk _____ <input type="checkbox"/> Patties _____ <input type="checkbox"/> B. Links _____
<b>Neck Bones</b>					
<b>Fat for Lard</b>					
<b>Hocks</b> <input type="checkbox"/> Fresh <input type="checkbox"/> Smoked					