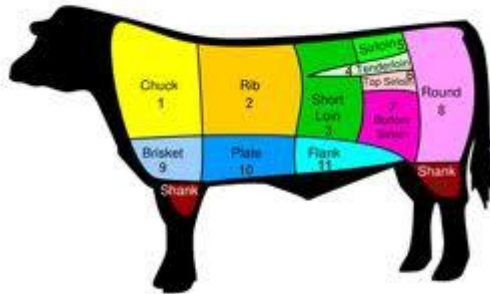




Micro Summit Processors

203 Railroad Street * PO Box 212 * Micro, NC 27555
919-284-0064 Office * 919-284-0007 Fax
MicroSummitProcessors@gmail.com

Beef Cut Sheet



Please check the appropriate box and circle either *Bone In(BI)* or *Boneless (BL)*, along with writing in the weight, thickness, and how many roasts. If two boxes are selected, Micro Summit will split the primal into each cutting order accordingly.

Ribs (Lbs _____)

Chuck (Bone In _____, Boneless _____)
____ Roasts (amount _____, lbs _____)
____ Steak (inches _____)
____ Ground Beef

Rib Eye (Bone In _____, Boneless _____)
____ Roasts (amount _____, lbs _____)
____ Steak (inches _____)

Shoulder (Bone In _____, Boneless _____)
____ Roasts (amount _____, lbs _____)
____ Steak (inches _____)
____ Ground Beef
____ Flat Iron

Brisket
____ Whole Roast
____ Half Roast (lbs per roast _____)

Short Loin (Check one only)
____ T-Bone Porterhouse (inches _____)
____ NY Strips (inches _____)

Organs
____ Heart
____ Tongue
____ Liver (whole _____, sliced _____)
____ Kidney
____ Cheek

Tenderloin
____ Whole
____ Roasts (lbs _____)
____ Fillets (inches _____)

Sirloin (Bone In _____, Boneless _____)
____ Sirloin Tip Roasts (amount _____, lbs _____)
____ Sirloin Tip Steak (inches _____)
____ Sirloin Steaks (inches _____)
____ Skirt Steak
____ Loin Tips
____ Flank Steak

Rounds
____ Bottom Round Roast (amount _____, lbs _____)
____ Top Round Roast (amount _____, lbs _____)
____ Top Round London Broil (inches _____)
____ Eye Round Roast (amount _____, lbs _____)
____ Whole Eye Round (amount _____, lbs _____)
____ Eye Round Steak (inches _____)

Bones
____ Cross Cut Shank
____ Marrow Bones
____ Soup Bone
____ Osso Buco

Burger
____ Bulk _____ 2 & 4 oz Pattie (extra charge)

Wrapping Instructions

All product is vacuum sealed, and labeled with the name of the product and weight
____ Number of Steaks per package
____ Total lbs stew beef
____ Weight per package of ground product
____ Total lbs kabobs

Scheduled date of pick-up _____ Customer Signature _____

Note: There will be a \$10/day fee added to all orders not pick-up at the agreed upon time.

Scheduled date of pick-up_____ Customer Signature

Note: There will be a \$10/day fee added to all orders not pick-up at the agreed upon time.