

Marchant's Foods, Inc.

Custom Processing Sellers Sheet

T: 920.825.1244

F: 920.825.7449

Animal Owner _____ Phone # _____

Slaughter Date _____

Amount that goes to your Customer:

Tag#	Goes to: Customer Name & Phone Numbers:	Amount that goes to your Customer:				Hanging Weight
		PORK	BEEF			
	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	
	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	
	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	
	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	
	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	
	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	
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	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	
	Name: _____ Home: _____ Cell: _____	<input type="checkbox"/> Whole <input type="checkbox"/> Half	<input type="checkbox"/> Whole <input type="checkbox"/> Front 1/4	<input type="checkbox"/> Half <input type="checkbox"/> Hind 1/4	<input type="checkbox"/> Split 1/2 "Mixed Qtr"	