

American Heritage Beef Company, LLC

19974 NS 411 Rd - Nowata, OK 74048

Phone-- 918-273-BEEF (2333)

Email-- info@AHBeefco.com

Brought In By: _____ Phone: _____ Harvest Date: _____
Last Name, First Name

Customer Name: _____ Phone: _____ Process Date: _____
Last Name, First Name

Revised 1/14/2025

Circle One: **Inspected** Uninspected Custom Label for: _____

Animal ID: _____ # of Trays: _____ Circle One: Quarter Half Whole

Hanging Weight: _____ Cuts: _____ Grind: _____ Circle One: 7 14 21 DAY HANG

HARVEST FEES:	PROCESSING FEES:	Other:	CUSTOM LABEL FEE:
Uninspected - \$80	Hang Weight - \$0.99/lb	Reboxing Fee - \$5.00/box	\$350 ONE TIME
Inspected - \$90	Vac Seal Ground - \$0.15/lb	Splitting Fee 1/4's & etc - \$20 each	
Special - \$100	Patties - \$0.85/lb w/ 10# min	Aging after 14 Days - \$10/day	
Emergency - \$110	Custom Cuts & Added Fat - \$1.00/lb	Freezer Storage Fee - \$10/day	

Steaks & roasts on quarters must be cut the same. Cut sheets must be turned in 7 days after harvest or standard cut will be issued. Storage fee will be issued after 5 AHB business days of notification via call, voicemail, &/or text.

Ground Beef:	1 lb 2 lb Bag OR Vac Loaf	Patties 1/3: Y N _____ lbs _____ per pack
Short Ribs:	Keep Grind Stew Meat Y N	
Soup Bones:	Y N Offals: Heart Liver Tongue Oxtail Tendons Extra Fat/Suet	
Arm Roast:	Y N 3lbs 4lbs Chuck Roast: Y N 3lbs 4lbs	
Flank Steak:	Y N Skirt Steak: Y N Brisket: Y N 1/2 Whole	

STEAKS	THICKNESS	Additional Thickness	How many Per Pack	Circle if saving: HEAD/HIDES NOTES:
Ribeye:	Y N 3/4" 1"	_____	_____	
T-Bone:	Y N 3/4" 1"	_____	_____	
OR				
Filet Mignon:	Y N 3/4" 1"	_____	_____	
&				
KC/NY Strips:	Y N 3/4" 1"	_____	_____	
Sirloin:	Y N 3/4" 1"	_____	_____	
Top Round:	Plain Steak Tenderized Steak		Grind	
Bottom Round:	Plain Steak Tenderized Steak		Grind	
Rump Roast:	Y N 3 lbs 4lbs			
Pikes Peak Roast:	Y N 3 lbs 4lbs Dog Bones Y N			
Sirloin Tip Roast:	Y N Sirloin Tip Steak: Y N			

HARVEST FEE \$ _____ VAC-GB FEE \$ _____ CUSTOM CUTS FEE \$ _____ ADDED FAT FEE \$ _____ GRAND TOTAL
 PROCESSING FEE \$ _____ PATTIES FEE \$ _____ XTRA HANG FEE \$ _____
 REBOXING FEE \$ _____ QTRS SPLIT FEE \$ _____ XTRA STORAGE FEE \$ _____ \$ _____

Paid : Cash: Check: _____ CC: Employee Signature _____
 Customer Signature of P/U or Delivery _____ Date _____