

# DAKOTA ANGUS HOLIDAY CUTS ORDER FORM

**Instructions:** Please complete all areas of the form. Please call 701-400-1016 if you have questions.

All holiday cuts will be either Certified Angus Beef® or Prime. In the boxes below, enter the weight needed or quantity of steaks needed.

Also choose your grade for each product, seasoned or unseasoned for prime rib, and number of steaks per package.

## CUSTOMER INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company \_\_\_\_\_

Billing Address \_\_\_\_\_ Apt./Ste. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## PRODUCT SELECTION

PRODUCT	NUMBER OF POUNDS	NUMBER OF STEAKS	CHOOSE GRADE (CHECK BOX)		FOR PRIME RIB (CHECK BOX)		CHOOSE NUMBER OF STEAKS PER PACKAGE (CHECK BOX)	
	ENTER TOTAL	ENTER TOTAL	CAB	PRIME	SEASONED	UNSEASONED	1	2
Prime Rib – Bone In		NA - Enter Pounds Needed Instead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	
Prime Rib – Boneless		NA - Enter Pounds Needed Instead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	
Tomahawk Steaks	NA - Enter Steak Quantity Instead		<input type="checkbox"/>	<input type="checkbox"/>	NA		<input type="checkbox"/>	<input type="checkbox"/>
Filet Mignon	NA - Enter Steak Quantity Instead		<input type="checkbox"/>	<input type="checkbox"/>	NA		<input type="checkbox"/>	<input type="checkbox"/>
New York Strip	NA - Enter Steak Quantity Instead		<input type="checkbox"/>	<input type="checkbox"/>	NA		<input type="checkbox"/>	<input type="checkbox"/>
Ribeyes – Boneless	NA - Enter Steak Quantity Instead		<input type="checkbox"/>	<input type="checkbox"/>	NA		<input type="checkbox"/>	<input type="checkbox"/>
Ribeyes – Bone In	NA - Enter Steak Quantity Instead		<input type="checkbox"/>	<input type="checkbox"/>	NA		<input type="checkbox"/>	<input type="checkbox"/>
NY Striploin Roast		NA - Enter Pounds Needed Instead	NA		<input type="checkbox"/>	<input type="checkbox"/>	NA	

## CREDIT CARD INFO

Name on CC \_\_\_\_\_

CC Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

*Your price will be calculated based on your order below. We will call or email you with your price before processing credit card order.*

## SPECIAL INSTRUCTION/NOTES

Tell us any unique cut or packaging you need here.

## SELECTED PICKUP OR SHIPPING DELIVERY DATE

(Tues – Fri) \_\_\_\_\_

## SHIPPING INFORMATION

CHOOSE EITHER SHIPPING, DELIVERY, PICKUP (CHECK BOX)

Shipping  Delivery  Pickup

If you have any questions, please call 701-400-1016. Delivery will occur during regular delivery schedule.