



Please download this form to your desktop. Then complete the form, save and email to Polariscatering@chop5.com.

All catering/delivery orders require a minimum 24-hour advance notice please.

Catering Contact:

Kim, 858-610-8159

polariscatering@chop5.com

Company Name:

Delivery Address:

Daytime Phone:

Contact Name: .

Day/Date	Delivery Y/N	Delivery Time	Function Type	# of People

Signature Salads

Salad Name	Qty	Special Instructions

Signature Wraps

Signature Salad/ Crave-a-bowl Name	Qty	Special Instructions

Build Your Own

Salad or Wrap	Qty	Ingredients	Premium Item
	Qty	Dressing Name	
	1		
	1		

Extras	Qty	Additional special instructions/comments

Card Type:

Card Number:

Exp. Date:

CVV:

Choose additional items needed below:

- | | | | |
|--------|--------------------------|------------------|--------------------------|
| Forks | <input type="checkbox"/> | Napkins | <input type="checkbox"/> |
| Spoons | <input type="checkbox"/> | Plates | <input type="checkbox"/> |
| Tongs | <input type="checkbox"/> | ID Cards | <input type="checkbox"/> |
| Menus | <input type="checkbox"/> | Itemized receipt | <input type="checkbox"/> |

Order completed by:

Order double checked by: