



Customer Update Addendum

CUSTOMER NAME: ABC Industries, LLC
CUSTOMER NAME: ABC Industries, LLC
CUSTOMER NUMBER: 123456
POC NAME: Yaswanth

CUSTOMER CONTACT: John Doe
CUSTOMER CONTACT: John Doe
POC EMAIL: john.doe@example.com
POC PHONE: (555) 123-4567

PRODUCTS

Products	Amount Per Unit	Dispensers	Qty	Warranty Rate	Replacement Rate/Install	Products	Qty	Amount	Frequency of Service
EM Proprietary JRT Tissue	\$	EM Proprietary Twin JRT		\$	\$	EM Urinal Mat		\$	
EM Proprietary JRT Tissue	\$	EM Proprietary Twin JRT		\$	\$	EM Urinal Mat		\$	
EM Proprietary Hardwound Natural	\$	EM Proprietary Towel Mechanical		\$	\$	EM Commode Mat		\$	
EM Proprietary Hardwound White	\$	EM Proprietary Towel Hybrid		\$	\$	Bowl Clip		\$	
Center Pull Towels	\$	Center Pull Towel Dispenser		\$	\$	Wave 3D Urinal Screen		\$	
Multi-Fold Natural	\$	Multi-Fold Dispenser		\$	\$	Splash Hog Urinal Screen		\$	
Multi-Fold White	\$			\$	\$				
	\$	EM Proprietary A/F Dispensers		\$	\$	Surefoot EZ		\$	
	\$	EM Proprietary Soap Dispenser		\$	\$	Daily		\$	
Seat Cover Sleeve	\$	Seat Cover Dispenser		\$	\$	Dish Detergent		\$	
	\$	Hand Sanitizer Dispenser		\$	\$				
Grit Soap	\$	Grit Soap Dispenser		\$	\$				
	\$	SaniPod Receptacle		\$	\$				

SERVICES

RESTROOM & HYGIENE	FOAMING DRAIN	SCRUB SERVICE	HAND SANITIZER
Restrooms _____	Kitchen _____	No. of Rooms _____	No. of Sanitizers _____
Bowls _____	Restrooms _____		
Urinals _____	Bar Area _____	Square Footage _____	Sanitizer Charge \$ _____
Sinks _____	Total Drains _____	Tiles (Small/Large) _____	Frequency _____
Total Sani Charge \$ _____	Foaming Drain Charge \$ _____		
Frequency _____	Frequency _____	Sani-Scrub Charge \$ _____	
		Frequency _____	

SERVICE NOTES
