



Customer Update Addendum

CUSTOMER NAME: ABC Industries, LLC **CUSTOMER CONTACT:** John Doe
CUSTOMER NAME: ABC Industries, LLC **CUSTOMER CONTACT:** John Doe
CUSTOMER NUMBER: 123456 **POC EMAIL:** john.doe@example.com
POC NAME: Yaswanth **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

Restrooms 5 _____
Bowls 3 _____
Urinals 4 _____
Sinks 6 _____
Total Sani Charge \$ 250 _____
Frequency Weekly _____
Total Sani Charge \$ 250 _____
Frequency Weekly _____

FOAMING DRAIN

Kitchen 2 _____
Restrooms 3 _____
Bar Area 1 _____
Total Drains 6 _____
Foaming Drain Charge \$ 180 _____
Frequency Weekly _____

SCRUB SERVICE

No. of Rooms 4 _____
Square Footage 2500 _____
Tiles (Small/Large) Small _____
Sani-Scrub Charge \$ 320 _____
Frequency Monthly _____

HAND SANITIZER

No. of Sanitizers 12 _____
Sanitizer Charge \$ 90 _____
Frequency Weekly _____

MICROMAX FLOOR

No. of Rooms 3 @ 100=\$ 300 _____
MicroMax Frequency Monthly _____

RPM WINDOW

No. of Windows 10 @ 15 =\$ 150 _____
RPM Frequency Quarterly _____

SANIPOD

No. of Fem Bins 8 @ 12 =\$ 96 _____
SaniPod Frequency Weekly _____

TRIP CHARGE

Trip Charge \$ 45 _____

REFRESH POWER SCRUB

| | | | | | |
|-------------------|----------------|------------------|--------------|--------------|----------------|
| Dumpster \$ _____ | Patio \$ _____ | Walkway \$ _____ | FOH \$ _____ | BOH \$ _____ | Other \$ _____ |
| Freq _____ | Freq _____ | Freq _____ | Freq _____ | Freq _____ | Freq _____ |

SERVICE NOTES
