



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

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 _____

FOAMING DRAIN

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

REFRESH POWER SCRUB

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

SERVICE NOTES
