



## Customer Update Addendum

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

**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	10	\$	\$	EM Urinal Mat	8	\$	Weekly
EM Proprietary Hardwound Natural	\$	EM Proprietary Towel Mechanical	6	\$	\$	EM Commode Mat	4	\$	Weekly
EM Proprietary Hardwound White	\$	EM Proprietary Towel Hybrid	4	\$	\$	Bowl Clip	6	\$	Weekly
Center Pull Towels	\$	Center Pull Towel Dispenser	5	\$	\$	Wave 3D Urinal Screen	5	\$	Monthly
Multi-Fold Natural	\$	Multi-Fold Dispenser	4	\$	\$	Splash Hog Urinal Screen	3	\$	Monthly
Multi-Fold White	\$			\$	\$			\$	
	\$	EM Proprietary A/F Dispensers	6	\$	\$	Surefoot EZ	3	\$	Weekly
	\$	EM Proprietary Soap Dispenser	5	\$	\$	Daily	1	\$	Daily
Seat Cover Sleeve	\$	Seat Cover Dispenser	4	\$	\$	Dish Detergent	2	\$	Weekly
	\$	Hand Sanitizer Dispenser	6	\$	\$			\$	
Grit Soap	\$	Grit Soap Dispenser	2	\$	\$			\$	
	\$	SaniPod Receptacle	3	\$	\$			\$	

### SERVICES

RESTROOM & HYGIENE	FOAMING DRAIN	SCRUB SERVICE	HAND SANITIZER
Restrooms _____	Kitchen _____	No. of Rooms _____	No. of Sanitizers _____
Bowls _____	Restrooms _____	Square Footage _____	Sanitizer Charge \$ _____
Urinals _____	Bar Area _____	Tiles (Small/Large) _____	Frequency _____
Sinks _____	Total Drains _____	Sani-Scrub Charge \$ _____	
<b>Total Sani Charge \$ _____</b>	<b>Foaming Drain Charge \$ _____</b>	<b>Frequency _____</b>	
<b>Frequency _____</b>	<b>Frequency _____</b>		
MICROMAX FLOOR	RPM WINDOW	SANIPOD	TRIP CHARGE
No. of Rooms 20 @ 25 = \$ 500	No. of Windows 15 @ 30 = \$ 450	No. of Fem Bins 8 @ 12 = \$ 96	Trip Charge \$ _____
<b>MicroMax Frequency _____</b>	<b>RPM Frequency _____</b>	<b>SaniPod Frequency _____</b>	

### REFRESH POWER SCRUB

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

### SERVICE NOTES

Initial deep clean done on 11/15/2025.

Restroom dispensers upgraded to EM proprietary units.

Kitchen drains on weekly foaming schedule.

Enviro-Master of \_\_\_\_\_, and Customer hereby agree to extend the current term of the current Service Agreement, executed by Customer on \_\_\_\_\_, for an additional \_\_\_\_\_ months. The parties agree that except as amended by this Renewal Addendum, all other terms and conditions set forth in the Service Agreement shall remain in full force and effect.

PRINT \_\_\_\_\_  
Name of Customer

Sign \_\_\_\_\_  
Signature – Enviro-Master Representative

PRINT \_\_\_\_\_  
Name & Title of Customer Contact

Sign \_\_\_\_\_  
Signature – Enviro-Master Franchisee

By \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Authorized Customer Representative