



Customer Update Addendum

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 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 | | |
|--------------------|------|--------|---------------|-----------|-------|---------------|----|------------|----------------|-----------|----|
| Total | Sani | Charge | \$ | Foaming | Drain | Charge | \$ | Tiles | (Small/Large) | Frequency | \$ |
| Frequency | | | | Frequency | | | | Sani-Scrub | Charge | Frequency | |

MICROMAX FLOOR
No. _____ of _____ Rooms

@
\$
MicroMax Frequency

RPM WINDOW
No. _____ of _____ Windows

@
\$
RPM Frequency

SANIPOD
No. _____ of _____ Fem Bins

@
\$
SaniPod Frequency

TRIP CHARGE
Trip Charge \$

REFRESH POWER SCRUB

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

SERVICE NOTES
