



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

Restrooms _____
Bowls _____
Urinals _____
Sinks _____

Total **Sani** **Charge** **\$**

Frequency _____

FOAMING DRAIN

Kitchen _____
Restrooms _____
Bar Area _____
Total Drains _____

Foaming **Drain** **Charge** **\$**

Frequency _____

SCRUB SERVICE

No. _____ of _____ Rooms
Square _____ Footage

Tiles _____ (Small/Large)

Sani-Scrub **Charge** **\$**

Frequency _____

SCRUB SERVICE

No. _____ of _____ Rooms
Square _____ Footage

Tiles _____ (Small/Large)

Sani-Scrub **Charge** **\$**

Frequency _____

HAND SANITIZER

No. _____ of _____ Sanitizers

Sanitizer **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
