



## 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	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 \_\_\_\_\_  
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** \_\_\_\_\_

#### 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

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