



## 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 |     | \$     |                      |

### SERVICES

| RESTROOM & HYGIENE     |             |               |           | FOAMING DRAIN          |              |               |           | SCRUB SERVICE   |               |           |                  | HAND SANITIZER   |  |  |  |
|------------------------|-------------|---------------|-----------|------------------------|--------------|---------------|-----------|---|---------------|-----------|------------------|--|--|--|--|
| Restrooms _____        |             |               |           | Kitchen _____          |              |               |           | No. _____ of _____ Rooms                                    |               |           |                  | No. _____ of _____ Sanitizers                              |  |  |  |
| Bowls _____            |             |               |           | Restrooms _____        |              |               |           | Square _____  |               |           |                  | Footage _____  |  |  |  |
| Urinals _____          |             |               |           | Bar Area _____         |              |               |           |   |               |           |                  | <b>Sanitizer</b> _____ <b>Charge</b> _____ <b>\$</b> _____ |  |  |  |
| Sinks _____            |             |               |           | Total Drains _____     |              |               |           | Tiles _____ (Small/Large)                                   |               |           |                  | <b>Frequency</b> _____                                     |  |  |  |
| <b>Total</b>           | <b>Sani</b> | <b>Charge</b> | <b>\$</b> | <b>Foaming</b>         | <b>Drain</b> | <b>Charge</b> | <b>\$</b> | <b>Sani-Scrub</b>   | <b>Charge</b> | <b>\$</b> | <b>Frequency</b> |  |  |  |  |
| <b>Frequency</b> _____ |             |               |           | <b>Frequency</b> _____ |              |               |           | <b>Sani-Scrub</b> _____ <b>Charge</b> _____ <b>\$</b> _____ |               |           |                  | <b>Frequency</b> _____                                     |  |  |  |

### SERVICE NOTES

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