



## Customer Update Addendum

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

**CUSTOMER CONTACT:** John Doe  
**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		\$	\$	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

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

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