



## 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> _____               |                                   |                                  |

### REFRESH POWER SCRUB

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

### SERVICE NOTES

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