



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

Customer Update Addendum

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

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 _____ No. _____ of _____ Windows _____
 @ _____ = @ _____ = _____
 \$ _____ \$ _____
MicroMax Frequency _____ **RPM Frequency** _____ **RPM Frequency** _____

RPM WINDOW

No. _____ of _____ Windows _____ No. _____ of _____ Fem _____ Bins _____
 @ _____ = @ _____ = _____
 \$ _____ \$ _____
RPM Frequency _____ **RPM Frequency** _____ **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

