



## 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

#### 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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