

Signature Card

For Internal Use Only

Primus# _____ **Order#** _____

G/Z/E S/M

Level 3, 4, and 9 Order Authorization

THIS SIGNATURE CARD ESTABLISHES AUTHORIZATION TO PURCHASE ADDITIONAL
PRIMUS HIGH SECURITY PRODUCT FOR THE SECURITY SYSTEM INSTALLED AT THE ADDRESS BELOW.

**THIS ORIGINAL FORM MUST BE MAILED TO SCHLAGE COMMERCIAL DIVISION WITH YOUR ORDER
– FAXED COPIES NOT ACCEPTABLE –**

PRIMUS SECURITY LEVEL:

<p>3U (no exclusivity) 4Z (time exclusivity) 3G (2-digit zip exclusivity) 4N (nationwide exclusivity)</p> <p style="text-align: center;">Classic Keyways</p>	<p>9U (no exclusivity) 9Z (time exclusivity) 9G (2-digit zip exclusivity) 9N (nationwide exclusivity)</p> <p style="text-align: center;">Everest® Keyways</p>
--	---

PROJECT INFORMATION

Project Name (please print or type) _____

Street Address (no P.O. Box) _____

City _____ State _____ Zip Code _____

AUTHORIZED OWNER SIGNATURE(S):

If restrictions are not indicated and in multiple signature cases, the first signature will be regarded as the primary authority able to control other signers on this form.

1.

Name (please print or type)	Street (no P.O. Box)
Title or Position	City _____ State _____ Zip Code _____
Signature _____ Date _____	Phone Number _____

2.

Name (please print or type)	Street (no P.O. Box)
Title or Position	City _____ State _____ Zip Code _____
Signature _____ Date _____	Phone Number _____

3.

Name (please print or type)	Street (no P.O. Box)
Title or Position	City _____ State _____ Zip Code _____
Signature _____ Date _____	Phone Number _____

4.

Name (please print or type)	Street (no P.O. Box)
Title or Position	City _____ State _____ Zip Code _____
Signature _____ Date _____	Phone Number _____

5.

Name (please print or type)	Street (no P.O. Box)
Title or Position	City _____ State _____ Zip Code _____
Signature _____ Date _____	Phone Number _____



Primus Face Sheet

Level 3, 4, and 9 Order Authorization

**THIS ORIGINAL FORM MUST BE MAILED TO SCHLAGE COMMERCIAL DIVISION WITH YOUR ORDER
– FAXED COPIES NOT ACCEPTABLE –**

DISTRIBUTOR INFORMATION ONLY:

DISTRIBUTOR NAME _____ **DATE** _____
ACCOUNT # _____ **DISTRIBUTOR PO#** _____

PRIMUS SECURITYLEVEL:

<input type="checkbox"/> 3U (no exclusivity)	<input type="checkbox"/> 4Z (time zone exclusivity)	<input type="checkbox"/> 9U (no exclusivity)	<input type="checkbox"/> 9Z (time zone exclusivity)
<input type="checkbox"/> 3G (2-digit zip exclusivity)	<input type="checkbox"/> 4N (nationwide exclusivity)	<input type="checkbox"/> 9G (2-digit zip exclusivity)	<input type="checkbox"/> 9N (nationwide exclusivity)
Classic Keyways		Everest [®] Keyways	

NEW If new, complete project information and attach Primus[®] Signature Card (Schlage form MS-E130).

Project Name (please print or type) _____

Street (no P.O. Box) _____ City _____ State _____ Zip _____

EXISTING If existing please indicate Primus # _____ (From Primus I.D. Card)
 Name and phone # of individual who is knowledgeable about this project, should any clarification be necessary:

()

Name _____ Phone _____

SHIPPING INSTRUCTIONS:

It is the policy of Schlage Commercial to ship Level 3, 4, and 9 products directly to the end user / owner to maximize control and security of your Primus cylinders and keys. Be sure that the shipping address provided below includes the name of the specific individual in your organization to whom Primus cylinders and keys should be shipped. Schlage will ship to alternate locations, if so instructed, with the understanding that the undersigned assumes full responsibility for the security and care of the material to be so shipped. **Unless otherwise specified below, Level 3, 4, and 9 products will be shipped to the original end user / owner address on file.**

Masterkeys may be shipped to a separate location if desired, at no extra charge. If all keys are to be packed and shipped separately, there is an additional charge in accordance with Schlage PKI (Pack Keys Independently) pricing as listed in Schlage's current price book.

ORDER SHIPPING ADDRESS:

Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ State _____ Zip _____

CHANGE KEY ONLY SHIPPING ADDRESS:

Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ State _____ Zip _____

MASTER KEY ONLY SHIPPING ADDRESS:

Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ State _____ Zip _____

ALL KEYS SHIPPING ADDRESS:

Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ State _____ Zip _____

SIGNATURE BLOCK:

I hereby authorize the above Schlage distributor to order material for the Primus system specified above and I certify that I am the owner, or authorized agent of the owner of the Primus High Security Cylinder System specified above and I am authorized to place this order.

AUTHORIZED SIGNATURE

— OVER —

DATE

