

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)
<i>Classic Keyways</i>		<i>Everest[®] Keyways</i>	

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:

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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

