

# Signature Card

For Internal Use Only	
Primus# _____	Order# _____
G/Z/E <input style="width: 50px;" type="text"/>	S/M <input style="width: 50px;" type="text"/>

## 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>
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**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 _____

