

Signature Card

For Internal Use Only	
Primus# _____	Order# _____
G/Z/E <input style="width: 60px;" type="text"/>	S/M <input style="width: 60px;" 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 SECURITYLEVEL:

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

PROJECT INFORMATION

Project Name (please print or type) _____

Street Address (no P.O. Box) _____

City _____ State _____ Zip _____

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)
Position/Title	City _____ State _____ Zip _____
Signature _____ Date _____	Phone # _____

2.

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

3.

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

4.

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

5.

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

DEALER OR PRIMUS LOCKSMITH AUTHORIZATION (OPTIONAL WITH OWNER AUTHORIZATION/SIGNATURE)

Dealer or Locksmith Account # _____	Primus # _____	Name/Title _____	
Address _____		Phone _____	FAX _____
City _____	State _____	Zip _____	
Contact 1 (Please print or type) _____		Contact 2 (Please print or type) _____	
Contact 1 Signature _____		Contact 2 Signature _____	
Owner Authorization/Signature _____	Date _____	Effective from (Month/date/year) to (Month/date/year) _____	

SPECIAL NOTE: In the case where the end user / owner has assigned the Dealer or Primus Locksmith signature authorization (as noted above), the Dealer or Primus Locksmith agrees to take full responsibility for validating the owner's signature as identified on the Primus Signature Card before ordering the material.

SPECIAL INSTRUCTIONS: Please indicate any restrictions to authorized individuals listed on this form when purchasing additional Primus product or duplicating keys.

Please fill out a new Primus Signature Card in the event of changes, additions or deletions in authorized signatures and send with letter requesting changes to Schlage at the address below . Primus Signature Cards are available from authorized Schlage Primus distributors and Schlage Commercial upon request. We suggest that you make a copy of this completed form for your records. A photo copy or fax of this card will not be accepted.

Please mail the original copy to:

Ingersoll Rand Security Technologies - Schlage
Attn.: Primus Order Processing
2315 Briargate Parkway, Suite 700
Colorado Springs, CO 80920-7646

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