

Primus®/Primus XP signature card



Level 3, 4, and 9 order authorization

This signature card establishes authorization to purchase additional Primus security products for the security system installed at the address below.

**This original form must be mailed to Schlage Lock Company with your order.
Faxed copies not acceptable**

Primus Security Level:

<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®/Everest 29™ keyways	

Project information:

Project name (please print or type)

Street (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	_____ Street (no P.O. Box)
	_____ Position/Title	_____ City State Zip
	_____ Signature	_____ Date Phone #
2.	_____ Name	_____ Street (no P.O. Box)
	_____ Position/Title	_____ City State Zip
	_____ Signature	_____ Date Phone #
3.	_____ Name	_____ Street (no P.O. Box)
	_____ Position/Title	_____ City State Zip
	_____ Signature	_____ Date Phone #
4.	_____ Name	_____ Street (no P.O. Box)
	_____ Position/Title	_____ City State Zip
	_____ Signature	_____ Date Phone #
5.	_____ Name	_____ Street (no P.O. Box)
	_____ Position/Title	_____ City State Zip
	_____ Signature	_____ Date Phone #

Dealer or Primus locksmith authorization (option 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 restriction 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 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 to: Schlage Lock Company
Attn.: Primus Order Processing
3899 Hancock Expressway
Security, CO 80911

Faxed copies not acceptable

