

1.

## 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 OF S			
		PRIMUS SECU			1
	3U (no exclusivity) 4Z (time zone exclusivity) 3G (2-digit zip exclusivity) 4N (nationwide exclusivity) Classic Keyways		9U (no exclusivity) 9G (2-digit zip exclusivity) 9N (nationwide exclusivity)		
			E v e r e s t <sup>®</sup>	Keyways	yways
PROJEC	T INFORMATION				
Project N	lame (please print or type)				
Street Ad	Idress (no P.O. Box)				
City			State Zip		
If restric	RIZED OWNER SIGNATURE(S ctions are not indicated and in m gners on this form.		rst signature will be regarded as	s the primary auth	ority able to co
Name (pl	ease print or type)		Street (no P.O. Box)		
Position/1	Title		City	State	Zip
Signature	9	Date	Phone #		
Name (pl	ease print or type)		Street (no P.O. Box)		
Position/1	Title		City	State	Zip
Signature	9	Date	Phone #		
Name (pl	ease print or type)		Street (no P.O. Box)		
Position/	Title		City	State	Zip
Signature	9	Date	Phone #		
Name (pl	ease print or type)		Street (no P.O. Box)		
Position/1	Title		City	State	Zip
Signature	9	Date	Phone #		
Name (pl	ease print or type)		Street (no P.O. Box)		
Position/1	Title		City	State	Zip
Signature	9	Date	Phone #		



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

Dealer or Locksmith Account #	Primus #		Name/ litle		
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 (Mon	th/date/year) to (Month/date/year)	
authoriz	ation (as r lating the	noted above), the	<b>Dealer or Primus Locksmi</b>	ller or Primus Locksmith signature th agrees to take full responsibility us Signature Card before ordering	
SPECIAL INSTRUCTIONS: Please indicate any res additional Primus produ				iduals listed on this form when purchasing	
requesting changes to Schlage a	t the addre	ess below . Primus	Signature Cards are availab	s in authorized signatures and send with letter le from authorized Schlage Primus distributors ed form for your records. A photo copy orfax of	
Please mail the original copy to:			age imus Order Processing argate Parkway, Suite 7	00	

- FAXED COPIES NOT ACCEPTABLE -

Colorado Springs, CO 80920

