



Face Sheet

PRIMUS®

Level 3, 4, and 9 Order Authorization

**THIS ORIGINAL FORM MUST BE MAILED TO SCHLAGE MASTER KEY CONTROL DEPARTMENT WITH YOUR ORDER
- FAXED COPIES ARE NOT ACCEPTABLE -**

DISTRIBUTOR INFORMATION ONLY

DISTRIBUTOR NAME _____ DATE _____
 ACCOUNT # _____ DISTRIBUTOR P.O. # _____

PRIMUS SECURITY LEVEL

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

<input type="checkbox"/> 9U (no exclusivity)	<input type="checkbox"/> 9Z (time exclusivity)
<input type="checkbox"/> 9G (2-digit zip exclusivity)	<input type="checkbox"/> 9N (nationwide exclusivity)
Everest 29® Keyways	

NEW If new, complete project information and attach a Primus® Signature Card form MS-E130.

Project Name (please print or type) _____
 Street Address (no P.O. Box) _____ City _____ Prov. _____ Code _____

Existing If existing please indicate the Primus # _____ (from owners Primus I.D. Card)

Name and phone number of individual who is knowledgeable about this project should clarification be necessary

Name _____ Phone Number _____

SHIPPING INSTRUCTIONS:

It is the policy of Schlage to ship Level 3, 4 and 9 products directly to the end user/ owner to maximize security of Primus keys and cylinders. Be sure that the shipping address provided below includes the name of the specific individual in your organization to whom the Primus keys and cylinders 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.**

ORDER SHIPPING ADDRESS:

Shipping Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ Prov _____ Code _____

CHANGE KEY SHIPPING

Shipping Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ Prov _____ Code _____

MASTER ONLY SHIPPING ADDRESS:

Shipping Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ Prov _____ Code _____

ALL KEYS SHIPPING ADDRESS:

Shipping Location Name _____
 Attention _____
 Street (no P.O. Box) _____
 City _____ Prov _____ Code _____

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 Patent Protected system specified above and I am authorized to place the order.

Authorized Signature _____ Date _____



Mail to:
Allegion Canada Inc.

Attn: Primus Order Processing
1076 Lakeshore Road East
Mississauga, ON L5E 1E4

**THE PRIMUS FACE SHEET MUST BE COMPLETE AND ATTACHED TO YOUR ORDER FORM.
AN INCOMPLETE FACE SHEET WILL CAUSE UNNECESSARY DELAYS IN ORDER PROCESSING.**

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