

**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 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 _____



**DEALER OF LOCKSMITH AUTHORIZATION (OPTIONAL WITH OWNER AUTHORIZATION/SIGNATURE)**

Dealer or Locksmith Account # \_\_\_\_\_ Primus # \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_

Dealer or Locksmith Company Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact 2 (Please print or type) \_\_\_\_\_

Contact 1 (Please print or type) \_\_\_\_\_

Contact 2 Signature \_\_\_\_\_

Contact 1 Signature \_\_\_\_\_

Effective From: \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Owners Authorization By (Please print or type) \_\_\_\_\_

Owners Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

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:

Schlage  
Attn.: Master Key Control Department  
2315 Briargate Parkway, Suite 700  
Colorado Springs, CO 80920

– FAXED COPIES WILL NOT BE ACCEPTED –

