

# Primus Face Sheet

## Level 3, 4, and 9 Order Authorization

**THIS ORIGINAL FORM MUST BE MAILED TO SCHLAGE COMMERCIAL DIVISION WITH YOUR ORDER  
– FAXED COPIES NOT ACCEPTABLE –**

**DISTRIBUTOR INFORMATION ONLY:**

**DISTRIBUTOR NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**ACCOUNT #** \_\_\_\_\_ **DISTRIBUTOR PO#** \_\_\_\_\_

**PRIMUS SECURITYLEVEL:**

<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)
<i>Classic Keyways</i>		<i>Everest® Keyways</i>	

**NEW** If new, complete project information and attach Primus® Signature Card (Schlage form MS-E130).

Project Name (please print or type) \_\_\_\_\_

Street (no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EXISTING** If existing please indicate Primus # \_\_\_\_\_ (From Primus I.D. Card)  
 Name and phone # of individual who is knowledgeable about this project, should any clarification be necessary:

(      )

Name \_\_\_\_\_ Phone \_\_\_\_\_

**SHIPPING INSTRUCTIONS:**

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

Masterkeys may be shipped to a separate location if desired, at no extra charge. If all keys are to be packed and shipped separately, there is an additional charge in accordance with Schlage PKI (Pack Keys Independently) pricing as listed in Schlage's current price book.

**ORDER SHIPPING ADDRESS:**

Location Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street (no P.O. Box) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHANGE KEY ONLY SHIPPING ADDRESS:**

Location Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street (no P.O. Box) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MASTER KEY ONLY SHIPPING ADDRESS:**

Location Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street (no P.O. Box) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ALL KEYS SHIPPING ADDRESS:**

Location Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street (no P.O. Box) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 High Security Cylinder System specified above and I am authorized to place this order.

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

— OVER —

\_\_\_\_\_  
**DATE**



Mail to:

IR Schlage  
Attn: Primus Order Processing  
2315 Briargate Parkway, Suite 700  
Colorado Springs, CO. 80920

*Note: The U.S. Post Office has delivery restrictions that may cause forms sent via U.S. Express Mail to take an additional 1-2 days to be received.*

THE PRIMUS FACESHEET MUST BE COMPLETED AND ATTACHED TO YOUR ORDER FORM.  
AN INCOMPLETE PRIMUS FACESHEET WILL CAUSE UNNECESSARY DELAYS IN ORDER PROCESSING.

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