



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

ACCOUNT #

DATE

DISTRIBUTOR P.O. #

PRIMUS SECURITY LEVEL

3U (no exclusivity)

42 (time exclusivity)

3G (2-digit zip exclusivity)

4N (nationwide exclusivity)

Classic Keyways

9U (no exclusivity)

92 (time exclusivity)

9G (2-digit zip exclusivity)

9G (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

MASTER ONLY 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

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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