Primus[®] face sheet

Level 3, 4, and 9 order authorization, End User controlled Primus system

Scanned copies of the filled out form are accepted, but not digital signatures.

Distributor information or	2		5.4		
Distributor name goes here			Date		
Distributors Account # Primus security level (if knov			Distributor must put their P	O# In this Space	
	wn). ¬				
3U (no exclusivity)	4Z (time zone exclusiv	vity)	9U (no exclusivity)	9Z (time zone e	(clusivity)
3G (2-digit zip exclusivity)	4N (nationwide exclus	sivity)	9G (2-digit zip exclusivity	y 9N (nationwide	exclusivity)
Classic ke	eyways		Everest®/Ever	rest 29™ keyways	
Project details :					
Complete project information and if	new system, attach a dig	gital copy of	the Primus signature card (N	MS-E130)	
Project name (please print or type)					
			<u> </u>		
Street (no P.O. Box)			City	Province	Postal
existing, please indicate Primus # o					
lame and phone# of individual who	is knowledgeable about	this projec	t, should any clarification be	necessary:	
lame			Phone		
Shipping instructions :					
the addresses an individuals ment individual in your organization to wh with the understanding that the Masterkeys may be shipped to a sep an additional charge in accordance	om Primus cylinders and undersigned assumes fu parate location if desired,	l keys shoul ull respons at no extra	d be shipped. Schlage will sh ibility for the security and o charge. If all keys are to be pa	nip to alternate location care of the material t acked and shipped sepa	s, if instruct o be shipp arately, ther
Order shipping address:		C	Change key only shipping	g address:	
Location Name		<u> </u>	ocation Name		
Attention			ttention		
Street (no P.O. Box)			treet (no P.O. Box)		
City	Province Post	tal	ity	Province	Postal
Master key only shipping add	lress:	A	Il keys shipping address).	
Location Name		<u> </u>	ocation Name		
Attention		⊼	ttention		
Street (no P.O. Box)			treet (no P.O. Box)		
City	Province Post	tal	ity	Province	Postal

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.



Allegion Canada Customer Service: Tel. 1-800-900-4734 Fax 1-800-209-4734

Allegion Canada Inc. Attn: Master Key Department 1076 Lakeshore Rd E Mississauga, ON, L5E 1E4

INSTRUCTIONS ON HOW TO FILL OUT A FACE SHEET

- Distributors name must be filled out, along with their account number and the po that this will apply on this face sheet
- 2. If customer knows their level they can check off the appropriate box.
- 3. Project name must be filled out whether new or existing system.
- Any one of the following can be placed on the line _____ primus number, file number, faclity code number, original co# or serial number to a master key.
- If all goods are to be shipped to the same place only the order shipping address needs to be filled out, if there are different shipping instructions for the cylinder, keys master keys then each box must be filled out.
- 6. The signature block must be signed by one of the signees that is on the signature card.
- 7. It must have the most recent date.

evel 3, 4, and 9 order authorization, End User controlled	
Scanned copies of the filled out form	are accepted, but not digital signatures.
Distributor information only: Distributor name goes here	Date
	Distributor must put their PO# in this Space
Primus security level (if known):	
3U (no exclusivity) 4Z (time zone exclusivity)	9U (no exclusivity) 9Z (time zone exclusivity
3G (2-digit zip exclusivity) 4N (nationwide exclusivity)	
Classic keyways	Everest®/Everest 29™ keyways
Project details : Complete project information and attach Primus' signature card	d (Schlage form 009160).
Project name (please print or type)	
Street (no P.O. Box)	City Province Postal
If existing please indicate Primus # or facility code # or original	
Name and phone# of individual who is knowledgeable about th	is project, should any clarification be necessary:
Name Shipping instructions: It is the policy of Schage Commercial to ship Level 3. 4, and 9 proc of your Primus cylinders and keys. Be sure that the shipping ad your organization to whom Primus cylinders and keys should be understanding that the undersigned assumes full responsibility for specified below. Usel 3. 4, and 9 products will be shipped to the o	Idress provided below includes the name of the specific individu shipped. Schlage will ship to alternate locations, if instructed, wit or the security and care of the material to be shipped. Unless othe riginal end user/owner address on file.
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Shipping instructions : It is the policy of Schlage Commercial to ship Level 3. 4, and 9 prox of your Primus cylinders and keys. Be sure that the shipping ad your organization to whom Primus cylinders and keys should be understanding that the undersigned assumes full responsibility for specified below. Level 3. 4, and 9 products will be shipped to the o Mastrekys may be shipped to a separate location if desired, at no an additional charge in accordance with Schlage PKI (Pack Keys In Order shipping address:	ducts directly to the end user/owner to maximize control and securities provided below includes the name of the specific individuities below will ship be a tatemate locations, if instructed, with the security and care of the material to be shipped. Unless other diginal end user/owner address on file. We have the target in the security and they are to be packed and shipped separately, the dependently) pricing as listed in Schlage's current price book. Change key only shipping address:
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- Every Primus XP order must include this document.
- The signature on the Face Sheet must be of one of the authorized Signees as per the Signature Card of the site.
- A digital copy of the filled and signed Primus Face Sheet must be included with every order sent by distributors .

