Primus[®]/Primus XP signature card



Level 3, 4, and 9 order authorization

This signature card establishes authorization to purchase additional Primus security products for the security system installed at the address below.

This original form must be mailed to Allegion Canada Inc, faxed copies not acceptable. Include a digital copy of this form and Primus Face Sheet (MS-E120) with your order.

Prir	าบร	s Security Level:						
		3U (no exclusivity)	4Z (time zone exclusivity)		9U (no exclusivity)	9Z (tir	me zone exclusivity)	
]	3G (2-digit zip exclusivity)	4N (nationwide exclusivity)		9G (2-digit zip exclusivity)	9N (na	ationwide exclusivity)	
	Classic keyways				Everest®/Everest 29™ keyways			
Pro	jec ⁻	t information:						
i	Proje	ect name (please print or	type)					
	Stre	et (no P.O. Box)			City	Province	Postal Code	
Aut	ho	rized owner signatu	ure(s):					
		strictions are not indicated to control other signers o	d and in multiple signature case in this form.	es, the	e first signature will be rega	ded as the	primary authority	
	1.	Name			Street (no P.O. Box)			
		Name			Street (no P.O. Box)			
		Position/Title			City	Province	Postal Code	
		Signature	Date		Phone #			
	2.							
		Name			Street (no P.O. Box)			
		Position/Title			City	Province	Postal Code	
		Signature	Date		Phone #			
	3.							
		Name			Street (no P.O. Box)			
		Position/Title			City	Province	Postal Code	
		Signature	Date		Phone #			
	4.							
		Name	_		Street (no P.O. Box)			
		Position/Title			City	Province	Postal Code	
		Signature	Date		Phone #			
	5.							
		Name			Street (no P.O. Box)			
		Position/Title			City	Province	Postal Code	
		Signature	Date		Phone #			

Dealer or Primus locksmith authorization (option with owner authorization/signature)

Dealer or locksmith account # Prim	nus #	Name/title			
Address		Phone	FAX		
City Province P	ostal Code				
Contact 1 (please print or type)		Contact 2 (please print or type)			
Contact 1 signature		Contact 2 signature			
Owner authorization/signature Date		Effective from (Month/date/year) to (Month/date/year)			
Special note:					
In the case where the end user/o authorization (as noted above), validating the owner's signature	the Dealer or Prim	ius Locksmith agrees to take	full responsibility for		

Special instructions:

Please indicate any restriction to authorized individuals listed on this form when purchasing additional Primus product or duplicating keys.

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 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 to: Allegion Canada Inc.

Attn: Master Key Department

1076 Lakeshore Rd E.

Mississauga, ON, L5E 1E4

Faxed copies not acceptable

