

# Primus<sup>®</sup> 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 only:

Distributor name goes here \_\_\_\_\_ Date \_\_\_\_\_

Distributors Account # \_\_\_\_\_ Distributor must put their PO# in this Space \_\_\_\_\_

## Primus security level (if known):

<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)
Classic keyways		Everest <sup>®</sup> /Everest 29 <sup>™</sup> keyways	

## Project details :

Complete project information and if new system, attach a digital copy of the Primus signature card (MS-E130)

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

Street (no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

If existing, please indicate Primus # or facility code # or original co# or serial# \_\_\_\_\_

Name and phone# of individual who is knowledgeable about this project, should any clarification be necessary:

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

## Shipping instructions :

To maximize control and security of your Primus cylinders and keys, Schlage Commercial will ship Level 3, 4, and 9 products only to the addresses an individuals mentioned below. 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 instructed, with the understanding that the undersigned assumes full responsibility for the security and care of the material to be shipped.

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.

<p>Order shipping address:</p> <p>_____ Location Name</p> <p>_____ Attention</p> <p>_____ Street (no P.O. Box)</p> <p>_____ City Province Postal</p>	<p>Change key only shipping address:</p> <p>_____ Location Name</p> <p>_____ Attention</p> <p>_____ Street (no P.O. Box)</p> <p>_____ City Province Postal</p>
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<p>Master key only shipping address:</p> <p>_____ Location Name</p> <p>_____ Attention</p> <p>_____ Street (no P.O. Box)</p> <p>_____ City Province Postal</p>	<p>All keys shipping address:</p> <p>_____ Location Name</p> <p>_____ Attention</p> <p>_____ Street (no P.O. Box)</p> <p>_____ City Province Postal</p>
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## 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 \_\_\_\_\_ Date \_\_\_\_\_

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**

1. 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.
4. Any one of the following can be placed on the line \_\_\_\_ primus number, file number, facility code number, original co# or serial number to a master key.
5. 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.

**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.**

**1** Distributor information only:  
 Distributor name goes here \_\_\_\_\_ Date \_\_\_\_\_  
 Distributors Account # \_\_\_\_\_ Distributor must put their PO# in this Space \_\_\_\_\_

**2** Primus security level (if known):

<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)
Classic keyways		Everest®/Everest 29™ keyways	

**3** Project details:  
 Complete project information and attach Primus' signature card (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 co# or serial# **4** \_\_\_\_\_  
 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 instructed, with the understanding that the undersigned assumes full responsibility for the security and care of the material to be 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.

**5**

Order shipping address: Location Name _____ Attention _____ Street (no P.O. Box) _____ City _____ P rovince _____ Postal _____	Change key only shipping address: Location Name _____ Attention _____ Street (no P.O. Box) _____ City _____ Province _____ Postal _____
Master key only shipping address: Location Name _____ Attention _____ Street (no P.O. Box) _____ City _____ Province _____ Postal _____	All keys shipping address: Location Name _____ Attention _____ Street (no P.O. Box) _____ City _____ 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.

**6** Authorized Signature \_\_\_\_\_ **7** Date \_\_\_\_\_

- **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 .**

# 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.**

Primus Security Level:

<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)
Classic keyways		Everest®/Everest 29™ keyways	

Project information:

Project name (please print or type)

Street (no P.O. Box)

City

Province

Postal 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	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 #	Primus #	Name/title	
Address		Phone	FAX
City	Province	Postal 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/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 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**

