

# Signature Card

For Internal Use Only	
<b>Primus#</b> _____	<b>Order#</b> _____
G/Z/E <input style="width: 60px;" type="text"/>	S/M <input style="width: 60px;" type="text"/>

## Level 3, 4, and 9 Order Authorization

THIS SIGNATURE CARD ESTABLISHES AUTHORIZATION TO PURCHASE ADDITIONAL  
PRIMUS HIGH SECURITY PRODUCT FOR THE SECURITY SYSTEM INSTALLED AT THE ADDRESS BELOW.

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

### PRIMUS SECURITYLEVEL:

<input type="checkbox"/> 3U (no exclusivity) <input type="checkbox"/> 4Z (time zone exclusivity) <input type="checkbox"/> 3G (2-digit zip exclusivity) <input type="checkbox"/> 4N (nationwide exclusivity)	<input type="checkbox"/> 9U (no exclusivity) <input type="checkbox"/> 9Z (time zone exclusivity) <input type="checkbox"/> 9G (2-digit zip exclusivity) <input type="checkbox"/> 9N (nationwide exclusivity)
Classic Keyways	Everest® Keyways

### PROJECT INFORMATION

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

Street Address (no P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 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 (please print or type) _____	Street (no P.O. Box) _____
Position/Title _____	City _____ State _____ Zip _____
Signature _____ Date _____	Phone # _____

**2.**

Name (please print or type) _____	Street (no P.O. Box) _____
Position/Title _____	City _____ State _____ Zip _____
Signature _____ Date _____	Phone # _____

**3.**

Name (please print or type) _____	Street (no P.O. Box) _____
Position/Title _____	City _____ State _____ Zip _____
Signature _____ Date _____	Phone # _____

**4.**

Name (please print or type) _____	Street (no P.O. Box) _____
Position/Title _____	City _____ State _____ Zip _____
Signature _____ Date _____	Phone # _____

**5.**

Name (please print or type) _____	Street (no P.O. Box) _____
Position/Title _____	City _____ State _____ Zip _____
Signature _____ Date _____	Phone # _____

