

For Internal Use Only			
Primus#	_____	Order#	_____
G/Z/E	<input type="text"/>	S/M	<input 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 SECURITY LEVEL:

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

