

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 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 [®] /Everest 29 [™] 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>_____</p> <p>Location Name</p> <p>_____</p> <p>Attention</p> <p>_____</p> <p>Street (no P.O. Box)</p> <p>_____</p> <p>City _____ Province _____ Postal _____</p>	<p>Change key only shipping address:</p> <p>_____</p> <p>Location Name</p> <p>_____</p> <p>Attention</p> <p>_____</p> <p>Street (no P.O. Box)</p> <p>_____</p> <p>City _____ Province _____ Postal _____</p>
<p>Master key only shipping address:</p> <p>_____</p> <p>Location Name</p> <p>_____</p> <p>Attention</p> <p>_____</p> <p>Street (no P.O. Box)</p> <p>_____</p> <p>City _____ Province _____ Postal _____</p>	<p>All keys shipping address:</p> <p>_____</p> <p>Location Name</p> <p>_____</p> <p>Attention</p> <p>_____</p> <p>Street (no P.O. Box)</p> <p>_____</p> <p>City _____ Province _____ Postal _____</p>

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

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:	Change key only shipping address:
Location Name _____	Location Name _____
Attention _____	Attention _____
Street (no P.O. Box) _____	Street (no P.O. Box) _____
City _____ P rovince Postal _____	City _____ Province Postal _____
Master key only shipping address:	All keys shipping address:
Location Name _____	Location Name _____
Attention _____	Attention _____
Street (no P.O. Box) _____	Street (no P.O. Box) _____
City _____ Province Postal _____	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 _____ **7** _____
Authorized Signature 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 .**

