



# Signature Card

## PRIMUS®

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 ADDITION

**THIS ORIGINAL FORM MUST BE MAILED TO SCHLAGE MASTER KEY CONTROL DEPARTMENT WITH YOUR ORDER  
 FAXED COPIES ARE NOT ACCEPTABLE -**

### PRIMUS SECURITY LEVEL

<input type="checkbox"/> 3U (no exclusivity)	<input type="checkbox"/> 4Z (time exclusivity)	<input type="checkbox"/> 9U (no exclusivity)	<input type="checkbox"/> 9Z (time exclusivity)
<input type="checkbox"/> 3G (Postal Code exclusivity)	<input type="checkbox"/> 4N (nationwide exclusivity)	<input type="checkbox"/> 9G (Postal Code exclusivity)	<input type="checkbox"/> 9N (nationwide exclusivity)
Classic Keyways		Everest 29® Keyways	

### PROJECT INFORMATION

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip 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 signers on this form.

1.

_____ Name (please print or type)	_____ Street (no P.O. Box)
_____ Title or Position	_____ City _____ Prov _____ Code _____
_____ Signature _____ Date _____	_____ Phone _____

2.

_____ Name (please print or type)	_____ Street (no P.O. Box)
_____ Title or Position	_____ City _____ Prov _____ Code _____
_____ Signature _____ Date _____	_____ Phone _____

3.

_____ Name (please print or type)	_____ Street (no P.O. Box)
_____ Title or Position	_____ City _____ Prov _____ Code _____
_____ Signature _____ Date _____	_____ Phone _____

4.

_____ Name (please print or type)	_____ Street (no P.O. Box)
_____ Title or Position	_____ City _____ Prov _____ Code _____
_____ Signature _____ Date _____	_____ Phone _____

