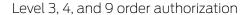
## Primus® face sheet





## This original form must be mailed to Schlage Commercial Division with your order. Faxed copies not acceptable

Distributor information on	ly:			
Distributor nameAccount #			Date	
			Distributor PO#	
Primus security level:				
3U (no exclusivity)	4Z (time zone e	xclusivity)	9U (no exclusivity)	9Z (time zone exclusivity)
3G (2-digit zip exclusivity)	4N (nationwide	exclusivity)	9G (2-digit zip exclusivity)	9N (nationwide exclusivity)
Classic keyways			Everest®/Everest 29™ keyways	
$\ensuremath{\text{NeW}}$ If new, complete project in	formation and atta	ıch Primus' sig	gnature card (Schlage form 0091	60).
Project name (please print or typ	e)			
Street (no P.O. Box)			City	State Zip
Existing If existing please indic	ate Primus #			
Name and phone# of individual v			project, should any clarification b	oe necessary:
Name			Phone	
Shipping instructions:				
lasterkeys may be shipped to a separate location if desired, at no ex dditional charge in accordance with Schlage PKI (Pack Keys Indepe Order shipping address:				
Location Name			Location Name	
Attention			Attention	
Street (no P.O. Box)			Street (no P.O. Box)	
City	State	Zip	City	State Zip
Master key only shipping add	dress:		All keys shipping address	:
Location Name			Location Name	
Attention			Attention	
Street (no P.O. Box)			Street (no P.O. Box)	
City	State	Zip	City	State Zip
Signature block: I hereby authorize the above Schlowner, or authorized agent of the this order.				
Authorized Signature			Date	

Schlage Lock Company Attn.: Primus Order Processing 3899 Hancock Expressway

Security, CO 80911

The Primus face sheet must be completed and attached to your order form. An incomplete Primus face sheet will cause unnecessary delays in order processing.

Faxed copies not acceptable.

