

CONTRACT

KPTZ Underwriting Contract

Agreement Date _____

Business Name _____

Representative Name _____

Email _____ Phone _____

Web Address _____

Mailing Address _____

Contract Total \$ _____ Type (circle) Underwriting Spot / Nonprofit EPSA

Payment Method (circle) Cash / Check / Credit Card*

Package _____

Amount Paid \$ _____ Check # _____

Notes _____

In exchange for your payment, your support of KPTZ will be acknowledged on air, and simultaneously via internet streaming, in specified announcement(s), voiced and produced by our staff. The underwriter may also provide a JPG logo file if desired for its display on KPTZ.org and in other KPTZ materials.

Number of spots _____ Run Length _____ Start Date _____ End Date _____

I understand that KPTZ will broadcast underwriting announcements in accordance with Federal Communications Commission regulations, acknowledging the underwriter's support of KPTZ. Announcements shall be consistent with all legal guidelines and with KPTZ station guidelines and policies. All terms and conditions of the "Media Kit" are applicable to this Contract, as Agreed by this authorized representative.

Business Representative Signature _____ Date _____

KPTZ Representative Signature _____ Date _____

*Credit card payments will be invoiced directly, according to Payment Card Industry (PCI) compliant standards.

Thank you for making a *sound investment* by becoming a KPTZ underwriter!