



CONTRACT

KPTZ On-Air Announcements

Agreement Date:

Organization Name:

Representative Name:

Email:

Phone:

Web Address:

Mailing Address:

Contract Total \$

Type (select one)

Underwriting Spot / Nonprofit EPSA

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

Amount Paid: \$

Check #

Notes:

Number of spots:

Run Length:

Start Date:

End Date:

Terms and Conditions

In exchange for your payment, your support of KPTZ will be acknowledged in specified on-air announcements and simulcast via internet streaming. Agreement terms are executed upon Contract signing and payment; payment is due prior to implementation.** Contract is intended to serve as a billing notice.

KPTZ will finalize and approve all message scripts to be in compliance with all legal and KPTZ station guidelines, and FCC regulations.

Organization Representative Signature _____ Date _____

KPTZ Representative Signature _____ Date _____

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

**For convenience, monthly installment payments may be arranged by request.

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

KPTZ Radio 91.9 FM ~ PO Box 2091 Port Townsend, WA 98368 ~ 360-379-6886 ~ robyn@kptz.org