



CONTRACT

KPTZ On-Air Support Announcements

Agreement Date:

Organization Name:

Representative Name:

Email: **Phone:**

Web Address:

Mailing Address:

Contract Total \$

Type (select) **Underwriting Spot / Nonprofit EPSA**

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

Amount Paid: \$ **Check #**

Notes:

Number of spots: **Run Length:** **Start Date:** **End Date:**

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 ~ 208-390-5327 ~ underwriting@kptz.org