

Florida Keys Media, LLC

Agency: _____ Comm: _____

Billing Address: _____
(if new)

Phone #: _____ Fax #: _____

Internal Comments:
This PSA is a benefit
Cornhole Tournament for
Baby Maxon fighting for her
life and help on medical
cost.

Revenue Type: Broadcast Calendar Local Direct drop

Payment Procedure: Existing Credit drop

Sales Campaign (Internal only): _____

ED1 Contract # _____ ED1 Partner _____

ORDER #: _____ Industry Code: _____
Events drop

Customer Name: Local Promo

Cust. Contact (if new): Miraculous Maxon - PSA Cornhole Benefit

Note to see on invoice:

Invoice Suppress Spot Rate New Business Special Handling Request

Promo Invoice Weekly Hand Deliver

CO-OP Electronic Invoice

Co-Op Partner: _____ No. of Invoice Copies: 1

Co-op Type: _____ drop

AE: Rick Lopez Comm: 15.00%

Sales Competition (Internal only)

Start Date: 8/7/2021 Order Date: _____

End Date: 8/13/2021 Order Time: _____

Line #	*Rev	Station (drop)	Start Date	End Date	# Wks	Priority	Daypart Order Time	Break Type (drop)	M	T	W	TH	F	SA	SU	Flex Schd	Spots/Wk	Spots/Day	Lgth	RATE	Total Spots	Line Cost
1		WALL	8/7/2021	8/8/2021	1		6a-Mid							3	3		6		30		6	
2		WALL	8/9/2021	8/13/2021	1		6a-Mid							3	3		15		30		15	
3		WEDW	8/7/2021	8/8/2021	1		6a-Mid							3	3		6		30		6	
4		WEDW	8/9/2021	8/13/2021	1		6a-Mid							3	3		15		30		15	
5		WCNK	8/7/2021	8/8/2021	1		6a-Mid							3	3		6		30		6	
6		WCNK	8/9/2021	8/13/2021	1		6a-Mid							3	3		15		30		15	
7		WAVK	8/7/2021	8/8/2021	1		6a-Mid							3	3		6		30		6	
8		WAVK	8/9/2021	8/13/2021	1		6a-Mid							3	3		15		30		15	
9																						
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17																						
18																						
19																						
20																						

*Revision Code A=Add D=Delete CD=Chg Date CS=Chg # Spots CT=Chg Times CR=Chg Rate CL=Chg Length

Total # Spots (pg.1) 84

Contract Total (pg. 1) \$ -

Agency Discount \$ -

Net Amount \$ -

Client Signature: _____ Traffic: _____

Sales Manager: _____ Business: _____