

KXLO (Contract #) _____

KQPZ (Contract #) _____

Order Date: **05/17/24**

Start Date: **05/22/24**

End Date: **05/28/24**

Advertiser: **TESTER FOR SENATE**

Co-op Name: **EST 9248**

Copy: Affidavits & Exact Times:

Bill To: **SCREEN STRATEGIES**

Billing Instructions:

Agency Commission: Yes: No:

Address: _____

Sales Rep: **PH**

K X L O	Quantity	Price	per ad	per month	Co-op price	Sub-total
	35	\$ 19.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$ 665.00
K L C M			<input type="checkbox"/>	<input type="checkbox"/>		

of ads remaining from previous order _____

of ads remaining AFTER this order _____

60's <input checked="" type="checkbox"/>	30's	15's	Other	Prime <input checked="" type="checkbox"/>	Tap	Total:
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SCHEDULE	DAYS AND DATES	TIMES

Ad # 9826E	Ad Name OUT OF STATER REVISED	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____

SUN	MON	TUE	WED	THU	FRI	SAT
			22	23	24	25
		6A-10A	2	2	2	1
		10A-3P	2	2	2	1
		3P-7P	2	2	2	1
26	27	28				
1	2	2				
1	2	2				

Moveable Text Box and arrows



Continuity Order

Order Date: _____ Start Date: _____ End Date: _____

Advertiser: _____

Co-Op: _____

Address: _____

Assigned To: _____

Sales Rep: _____

Completed By: _____

Rendered: ___ AOTS ___ Multitrack & Xfer

<input type="checkbox"/>	Please Voice	<input type="checkbox"/>	Multiple Voice Ad (Requires Multitracking)
<input type="checkbox"/>	File is on Hard drive in folder: _____	<input type="checkbox"/>	Needs Editing
<input type="checkbox"/>	File is on Cassette	<input type="checkbox"/>	Needs Editing: _____
<input type="checkbox"/>	Other Source _____		
Music	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Generic <input type="checkbox"/> Specific: _____
Bed:	_____		
SFX:	_____		
60's	<input type="checkbox"/>	30's	<input type="checkbox"/>
15's	<input type="checkbox"/>	Other	<input type="checkbox"/>

Ad # _____	Ad Name _____	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____
Ad # _____	Ad Name _____	Ad # _____	Ad Name _____

Change/Cancel/Log Detail

Order Date: _____

Effective Date: _____

Advertiser: _____

Cancel Order

Sales Rep: _____

Change Order (See Notes and/or Log Detail Below)

of ads remaining from previous order _____

KXLO

KQPZ

of ads remaining AFTER this order _____

:15

:30

:60

Other

Ad # _____ Ad Name _____	Ad # _____ Ad Name _____
Ad # _____ Ad Name _____	Ad # _____ Ad Name _____
Ad # _____ Ad Name _____	Ad # _____ Ad Name _____
Ad # _____ Ad Name _____	Ad # _____ Ad Name _____
Ad # _____ Ad Name _____	Ad # _____ Ad Name _____

SUN	MON	TUE	WED	THU	FRI	SAT

Moveable Text Box and arrows

