TRAFFIC ORDER FORM

NOTES

ORDER DATE: 6 / 27 / 2022 SALES REP # _____ NEW CUSTOMER — YES / NO CUSTOMER # _____ CONTRACT # _____

CUSTOMER NAME: Joey WARD for City Comm AGENCY / CO-OP NAME: _____

ADDRESS: 1500 N DRAPER ADDRESS: _____

CITY/STATE/ZIP: Shawnee, OK 74801 CITY/STATE/ZIP: _____

CONTACT: _____ PHONE # _____ CONTACT: _____ PHONE # _____

TRANSFER # _____ BILLING CYCLE (CIRCLE ONE) MONTHLY / STATEMENT BILL / CASH / TRADE / PSA

AD DESCRIPTION	READ /LIVE	SPOT LGTH	BEGIN DATE	END DATE	BEGIN TIME	END TIME	RATE	M	T	W	T	F	S	S	SPOT TOTAL	TOTAL COST
		30	6/28	6/28	7A	6P	8.00		12							96.00

AFFIDAVIT: DATE & TIME ONLY / NOTARIZED SCRIPT

(CIRCLE ONE) NOTARIZED / NOTARIZED DATE & TIME

ENTERED BY: _____ DATE: _____

APPROVED BY: _____

DATE: _____

GROSS TOTAL FOR THIS ORDER $

LESS DISCOUNT _____ % $ —

TOTAL FOR THIS ORDER $ 96.00