

KXLO (Contract #) _____

KQPZ (Contract #) _____

Order Date: **05/15/24**

Start Date: **07/23/24**

End Date: **08/03/24**

Advertiser: **One Nation**

Co-op Name: **est 7380**

Copy: Affidavits & Exact Times:

Bill To: **Media Financial Services**

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
	15/3	19.40/17.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$ 343.08
K L C M			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
					Total:	\$ 343.08

of ads remaining from previous order _____

of ads remaining AFTER this order _____

60's 30's 15's Other Prime Tap

SCHEDULE	DAYS AND DATES	TIMES
	weekdays billed at \$19.40 weekends billed at \$17.36	

Ad # 7576a	Ad Name spot to be delivered	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
		23	24	25	26	27
6a-10a			1		1	
10a-3p		1		1		6a-7p - 1
3p-7p		1		1		
28	29	30	31	1	2	3
6a-7p - 1	1	1	1	1	1	6a-7p - 1
	1		1		1	

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

