



Radio Broadcast Order

☐ New Order
 ☐ Renewal
 ☐ Stop Order
 ☐ Production Change
 ☐ Schedule Revision

Acct Rep: _____ Commission % _____ Start Date: _____ End Date: _____

Sponsor Name: _____ Spot Description: _____

Office Phone: _____ Product Code: _____ Secondary Code: _____

Billing Address: _____ Contact: _____

City/Zip: _____ Cell: _____

Billing Email: _____ Email: _____

Website: _____ Billing Preference ☐ Mail ☐ Email

Billing Cycle: ☐ Broadcast Month ☐ Calendar Month ☐ End of Broadcast

Payment Method: ☐ Cash ☐ Credit Card ☐ Trade ☐ PSA ☐ No Charge

NO	DATES		TIMES		LEN	DISTRIBUTION							Total Units	Type
	START	END	START	END		M	T	W	T	F	SA	SU		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

NOTES:

PROJECT TRACKING

☐ New client only: Entered client info

☐ Confirmation sent to client

☐ Client approval of copy

☐ Copy sent for production

☐ Client approval of production

☐ Traffic entry

Acct#:

Copy ID:

Copy ID:

DATE
