



# CONTRACT

## KPTZ On-Air Announcements

Agreement Date:

Organization Name:

Representative Name:

Email:

Phone:

Web Address:

Mailing Address:

Contract Total \$

Type (select one)

Underwriting Spot / Nonprofit EPSA

Payment Method (select) Cash / Check / Credit Card\*

Amount Paid: \$

Check #

Notes:

In exchange for your payment, your support of KPTZ will be acknowledged on air, and simultaneously via internet streaming, in specified announcement(s), voiced and produced by our staff. The organization may also provide a JPG logo file if desired for its display on KPTZ.org and in other KPTZ materials.

Number of spots: 120 Run Length: 12 months Start Date: End Date:

I understand that KPTZ will broadcast underwriting announcements in accordance with Federal Communications Commission regulations, acknowledging the underwriter's support of KPTZ. Announcements shall be consistent with all legal guidelines and with KPTZ station guidelines and policies. All terms and conditions of the "Media Kit" are applicable to this Contract, as Agreed by this authorized representative.

Organization Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

KPTZ Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Credit card payments will be invoiced directly, to comply with Payment Card Industry (PCI) standards.

Thank you for making a *sound investment* by becoming a KPTZ underwriter!

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