

CONTRACT

KPTZ Underwriting Contract

Date: _____

Business Name: _____

Representative Name: _____

Email: _____ Phone: _____

Web Address: _____

Mailing Address: _____

Underwriting Option: \$ _____ Method of payment (circle): Cash / Check / CC

Amount paid: \$ _____ Check #: _____ Square: _____

Name on Card: _____

Card Number: _____ CVV code: _____

Expiration Date: ____ / ____

Billing Address: _____

Notes: _____

In exchange for your payment, your support of KPTZ will be acknowledged on air (and via internet streaming) in your announcement(s), voiced and produced by our staff.

Number of spots: _____ Run: _____ Beginning 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 the guidelines established by federal and state laws, and with KPTZ station guidelines and policies. All terms and conditions of the "Media Kit" are adopted in this Contract by this authorized representative.

Signature of Business Representative: _____ Date: _____

Signature of KPTZ Representative: _____ Date: _____

_____ The underwriter will provide a JPG logo file and grants KPTZ permission for its display on KPTZ.org and in other KPTZ materials as a benefit to your business/organization and our listening audience.

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