Station_____

TIME ORDER

www.acimedia.com
support@acimedia.com
386-758-2266 Phone
386-755-9369 Fax

☐New Account
☐New Order
☐Add Item
☐Change Item

Order #_____ Date_____
Acct ID _____
Acct Name_____
Agency_____
Address_____
_____
City/State/Zip_____
Contact_____
Phone_____

Start Date_____ End Date_____
Fax_____
Acct Exec _____
Product Category_____
☐Calendar ☐SBM ☐EOS
☐Y Affidavit ☐N Affidavit/☐Y Notary ☐N Notary
☐Local ☐Regional ☐National
☐Cash ☐Trade
Log Description_____
Invoice/Co-Op_____

Notes_____

Line Item #	Item Type Spot/Spon/Pkg/BlkPrg	Start Date	End Date	DayPart/ Position #	Len	Cart#	Rate	Broadcast Schedule M	T	W	Th	F	Sa	S	Total

Total # of Spots _____ Total $ _____

January	February	March	April	May	June	July	August	September	October	November	December	Order Total

_____ _____ _____ _____ _____ _____
Account Exec Signature | Date | Approved By | Date | Entered By | Date