



Channel 3 – Display Advertising Request Form

By completing and signing this form, you certify that you have read and understand the conditions on the reverse side of this sheet, assume full responsibility for this request, and certify your authority to request the information be displayed.

Date of Request _____

Name: Print _____ Signature _____

Organization (if applicable) _____

Address _____

City / State / Zip _____

Phone _____ **E-mail** _____

Requested Start Day _____ **Last Day** _____
(information must be submitted two (2) business days prior to requested start day)

Charge: ___ days @ \$5 = _____; ___ weeks @ \$25 = _____; ___ months @ \$80 = \$ _____

Set-up Charge (Text Plus): \$ _____ **Total Charge** \$ _____
(Arkwest TV customers will be billed on their account. Non-customers must pay in advance)

Accepted for Arkwest TV: Signature _____ Date _____

Indicate in the space below or attached, the information requested to be displayed. PLEASE PRINT.