



PROGRAMMING AGREEMENT

Name: _____ Contact Person: _____
Address: _____
Phone #: _____ Fax: _____

Program Title: _____
Producer: _____
Type of Program: Single _____ Multiple _____ Series _____
Length: _____ Format: _____

Term:
The program will air on _____ (Date).
The Series will begin on _____ the start date, and end on _____.
The day it will air will be _____, at the time of _____.

Donation Rate:
Weeknights Single or Multiple Showing: \$ 60.00 per hour
Sunday Showing: (8 AM - 12 PM) Additional 10% discount
Series Rate (13+ programs) 50% Discount

Re-Airing of programs for free is subject to the convenience and scheduling of RCAC. This does not necessarily guarantee programs will be re-aired. RCAC reserves the right to re-organize programming contracts when rate changes occur. 50% of the contract amount is due at the date of implementing the Programming Agreement with payments due every thirty days. The contract must be paid in full by the conclusion of the contract. Failure to pay will result in the account being referred to collections. Services will be immediately discontinued for nonpayment. There will be a \$10.00 charge for all returned checks. A late fee of 10% will be assessed for payments more than 30 days past due and accrued every thirty days until payment is rendered. All checks are to be made payable to Redding Community Access Corp. or RCAC for services.

Shipment to return tapes: COD UPS/Fed Ex Account: _____ Walk-in: _____ Other: _____

I, the undersigned, have received a copy of and will comply with RCAC's "Operating Rules & Procedures." Note: RCAC reserves the right to pre-empt contract programming for special community events.

Donation Rate for this Agreement: _____

RCAC CHANNEL 11

PROGRAM CUSTOMER

Name: _____

Organization: _____

Title: _____

Name: _____

Date: _____

Title: _____

Date: _____

Signature

Signature