



BLACKOUT/LOCAL CUT-IN ORDER FORM

abc use

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DATE SUBMITTED _____

CUT-IN OR BLACK-OUT? (circle)

CLIENT _____

ABC ACCT EXEC _____

AGENCY CONTACT _____

PHONE _____

E-MAIL _____

AGENCY _____

BILLING
AGENCY (CI's) _____

ADDRESS _____

ADDRESS _____

Please complete next page indicating Programs and "Net Dates"

The ABC Television Network assumes no responsibility regarding the execution of Blackout and Local Cut-in Orders by Affiliated Stations.

