



SECTIONAL COVER SHEET AND ORDER/CHANGE FORM

ABC-TV SECTIONAL SALES
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CLIENT _____

MAP # _____

DATE _____

ABC ACCOUNT EXECUTIVE _____

AGENCY CONTACT _____

PHONE _____

FAX _____

E-MAIL _____

AGENCY _____

BILLING AGENCY _____

ADDRESS _____

ADDRESS _____

COPY DESCRIPTIONS

"A" Copy _____

Additional Copy:

"B" Copy _____

"C" Copy _____

"D" Copy _____

"E" Copy _____

Please indicate schedule with programs and "network air dates" on following pages.

Cut-ins associated with a Sectional must be ordered separately on "LOCAL CUT-IN" forms.

The ABC Television Network assumes no responsibility regarding the execution of Sectional Orders.

