



# ORDER FORM

(213) 241-4000  
www.klcs.org

Date \_\_\_\_\_

Ordered by (Billing Address):

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Deliver to (if different):

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Delivery method:                      Ship              Pick up  
(circle one)

Quantity	Program Title	Program Date and Description	Unit Cost	Ext Cost
SUBTOTAL				
<i>RUSH CHARGE</i> (optional) ___ items @ \$7.50 ea				
TOTAL				

Payment method:                      Check                      Visa                      Mastercard                      Diners Club  
(circle one)                      payable to KLCS

For standard processing, mail order form with payment to:  
**KLCS-TV**  
**Attention: Sales**  
**PO Box 86344**  
**Los Angeles, CA 90086**

or for *RUSH* processing (\$7.50 extra) for delivery within 7 business days, fax credit card order to:  
**(213) 481-1019**

Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_  
 Signature \_\_\_\_\_

**THANK YOU FOR YOUR ORDER  
AND FOR WATCHING KLCS-TV!**