



RESIDENTIAL

353, 824, 827 Phone
[](1 year contract)

2351 N. Main, Box 38
Craigville, IN 46731
Phone: 260.565.3131
Fax: 260.565.3535
www.adamswells.com

Present or Previous Customer <input type="checkbox"/> Yes <input type="checkbox"/> No FIRST NAME <small>PRINT name as you want it to appear in phonebook</small> LAST NAME			BILLING NAME (IF DIFFERENT)		
SERVICE ADDRESS			BILLING ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
New or Port Phone #			ALT. PH:		

SELECT ONE:

- Line only \$21.95 w/tax + fees**
- Package 100 \$24.95 w/tax + fees**
100 Min. Long Distance
- Package 250 \$29.95 w/tax + fees**
250 Min. Long Distance
- Package 500 \$39.95 w/tax + fees**
500 Min. Long Distance

FEATURES INCLUDED:
Caller ID, Call Waiting & 3-Way Calling

LONG DISTANCE PKGS.

Charges on OUTGOING calls only

- 100-\$4.95
- 250-\$11.95
- 500-\$21.95
- 750-\$31.95
- 1000-\$39.95
- 1500-\$61.90
- 2000-\$79.90
- International Calling

____ Long Distance Carrier

EXTRA FEATURES

- \$4.95-Extended Calling Plan
(Ossian, Uniondale, Tocsin & Preble)
- \$4.95-Voice Mail (Password 4-7 #'S) _____
- \$2.00-Call Forward
- \$4.95-Service Call Protection Plan
- \$9.95-Equipment + Service Call Protection Plan
- \$1.00 - NP/NL Number
 Unblock Caller ID
- \$4.95 BATTERY BACKUP-PHONE-8 HR
- \$9.95 BATTERY BACKUP-PHONE-24 HR

CHARGES AFTER INITIAL INSTALL

Time and Material - \$60 per hour
Service Call - \$30 per 1/2 hour

Any features changed after the initial install date - \$10 service charge.

ADVANCE PAYMENT REQUIRED
\$49.00 Activation Fee plus 1st month
NON REFUNDABLE

Standard completion date is approximately **10 BUSINESS DAYS** from the first business day after fees are processed

BILLING TYPE: Paper Bill Electronic checking (10th of month) Online/Paperless (Customer Set up Required)

I affirm that I am legally qualified to contract for service and have attained the age of at least 18 years. I acknowledge that I accept and agree to the "Service Agreement and Service Terms and Conditions", and that the company is NOT responsible for damage to non-located utility services (gas, electric, water/sprinkler systems, cable TV). I agree to a 1-year contract. _____

Signature _____ Date _____

Please list all additional names of persons having access to this account

Own Rent LANDLORD NAME / # _____

OFFICE USE ONLY (rev. 7/25/23 BJ)

Fiber Area _____
Calix Address _____
MDF _____
EQN# _____
Switch Work _____
TOLY _____
NPAC Confirm _____
Data Base _____
PORT Date: _____ - _____ - _____

Final Install Date: ____ - ____ - ____
Circuit ID _____ Leg _____

____ Photo ID Checked (Per FCC ruling a photo ID must be provided)

OFFICE USE ONLY

TAXES & SURCHARGES SUBJECT TO CHANGE

SERVICE	\$
INDIANA 911	\$1.00
IN Tele-Relay	\$0.03
(Federal/State) 10% Tax	\$
IN Universal Svc Fund	\$
Add. Service Charge	\$
	\$
TOTAL MONTHLY FEE	\$
(\$49.00) Activation Fee	\$
TOTAL DUE	