



RESIDENTIAL

TV

[] (1 year contract)

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

FIRST NAME Present or Previous Customer <input type="checkbox"/> Yes <input type="checkbox"/> No			LAST NAME			BILLING NAME (IF DIFFERENT)				
SERVICE ADDRESS						BILLING ADDRESS (IF DIFFERENT)				
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE
PHONE						ALT PHONE				

MONTHLY DIGITAL TV SERVICE

Basic Digital w/locals
\$59.95 (+\$9.95/Taxes/Fees*)

Local Digital Only
\$19.95 (+\$9.95/Taxes/ Fees*)

1st HD set top box included

*\$9.20 Local Station Pass-through Fee on all Digital TV Services
 *\$.75 Channel Guide Data Fee

TV UPGRADES (monthly)

- HD PACKAGE-\$9.95
- EXPANDED TV - \$11.95
- Showtime/TMC - \$19.95
- Encore/Starz - \$12.95

ADDITIONAL SERVICE/CHARGES (monthly)

- DVR Service-\$5.95 (box NOT included)
 ___ DVR set top box - \$7.95
- DVR UPGRADE-Whole Home \$3.95
- 1st set top box (FREE)
 ___ Additional Set Top Box - \$3.95
 ___ HD Flat Screen TV
 ___ Tube TV
- Service Call Protection Plan - \$4.95
- Equipment + Service Call Protection Plan - \$9.95
 (Please ask for detailed information)

ADVANCE PAYMENT REQUIRED

\$49.00 Installation/Activation Fee
(Includes up to 2 set top boxes, additional boxes \$25.00)
Plus 1st month service.
(NON-REFUNDABLE)
 Extra locations installed without STB will be time and material.

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.

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 TAXES & SURCHARGES SUBJECT TO CHANGE		
PACKAGE COST	\$	
FCC VIDEO FEE	\$	
Channel Guide Data Fee and Local Station Pass-through (\$9.95)	\$	
Add. HD STB ___ X \$3.95	\$	
(1) DVR STB ___ X \$13.90	\$	
Add. Service Charge	\$	
SERVICE SUB- TOTAL	\$	
INSTALLATION FEE (\$49.00)	\$	
EXTRA LOCATIONS Install (25.00 Each)	\$	
SUB-TOTAL		
FRANCHISE FEE		
TOTAL DUE	\$	

OFFICE USE ONLY (rev. 1/6/17cv)

Fiber Area _____
 Calix Address _____
 MDF _____ EQN# _____
 Switch Work _____ Data _____
 ANPI _____ NeuStar Confirm _____
 Magic Mail _____ Data Base _____
 Video _____ Activation Code _____
 PORT Date: _____
 LOOP Disconnect Date: _____
 DSL Modem Returned: _____

Final Install Date: ____-____-____ Leg _____
 Circuit ID _____
 Photo ID Checked (Per FCC ruling a photo ID must be provided)