



Craigville Business
565 Phone

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

BUSINESS NAME (PRINT name as you want it to appear in phonebook) Present or Previous Customer <input type="checkbox"/> Yes <input type="checkbox"/> No			CONTACT NAME:		
SERVICE ADDRESS			BILLING ADDRESS (if different)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Phone #		County	ALT. PH:		

SELECT ONE:

- Business Line (Single) \$25.25 (fees + taxes)**
FCC-\$6.50 PSC-\$5.00 ARC-\$3.00 911-\$1.00 TR-\$0.03
- Business Line (Two+) \$25.25 (fees + taxes)**
FCC-\$9.20 PSC-\$7.50 ARC-\$3.00 911-\$1.00 TR-\$0.03
- Hunt Group \$34.25 (fees + taxes)**
FCC-\$9.20 PSC-\$7.50 ARC-\$3.00 911-\$1.00 TR-\$0.03

PHONE FEATURES INCLUDE:

Caller ID (# only), Call Transfer, Call Waiting & 3 Way Calling

**\$99.00 Activation Fee (per line) plus
1st mo. in advance
(NON REFUNDABLE)**

LONG DISTANCE PKGS.

Charges on OUTGOING calls only

- .06 Minute
- 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 (per month)

- \$6.00 - Add Caller Name
- \$4.95 - Voice Mail (Password 4-7 #'S) _____
- \$2.00 - Call Forward
- Service Call Protection Plan (Please ask for details)
- Battery Backup (Phone)

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 (rev. 2/7/17cv)

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

OFFICE USE ONLY	
TAXES & SURCHARGES SUBJECT TO CHANGE	
SERVICE	\$
	\$
	\$
	\$
	\$
	\$
FEES	\$
IN Universal Svc Fund	
FED Universal Svc Fund	
(Federal/State) 10% Tax	\$
SUB TOTAL	\$
(\$99.00) Activation Fee	\$
TOTAL DUE	