



# 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  
\$64.95 (+\$12.35/Taxes/Fees\*)
  - Local Digital Only  
\$19.95 (+\$12.35/Taxes/ Fees\*)
- 1<sup>st</sup> HD set top box included**
- \*\$11.60 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
- 1<sup>st</sup> 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 1<sup>st</sup> 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 (10<sup>th</sup> 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 (\$12.35)	\$	
Add. HD STB ___ X \$3.95	\$	
(1) DVR STB ___ X \$13.90	\$	
Add. Service Charge	\$	
<b>SERVICE SUB- TOTAL</b>	\$	
INSTALLATION FEE (\$49.00)	\$	
EXTRA LOCATIONS Install (25.00 Each)	\$	
<b>SUB-TOTAL</b>		
FRANCHISE FEE		
<b>TOTAL DUE</b>	\$	

**OFFICE USE ONLY (rev. 1/4/18cv)**

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)