



**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 _____ LAST NAME _____ Present or Previous Customer <input type="checkbox"/> Yes <input type="checkbox"/> No			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**  
\$69.95 (+\$15.45/Taxes/Fees\*)

**Local Digital Only**  
\$19.95 (+\$15.45/Taxes/ Fees\*)

**1<sup>st</sup> HD set top box included**

\*\$14.70 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 (rev. 12/13/18cv)**

Fiber Area \_\_\_\_\_ Final Install Date: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Calix Address \_\_\_\_\_ Circuit ID \_\_\_\_\_ Leg \_\_\_\_\_  
MDF \_\_\_\_\_ Photo ID Checked (Per FCC ruling a photo ID must be provided)  
Data Base \_\_\_\_\_  
Video \_\_\_\_\_  
Activation Code \_\_\_\_\_

OFFICE USE ONLY TAXES & SURCHARGES SUBJECT TO CHANGE		
PACKAGE COST	\$	
FCC VIDEO FEE	\$	
Channel Guide Data Fee and Local Station Pass-through (\$15.45)	\$	
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>	\$	