



RESIDENTIAL

Double Play Application

(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 <i>Print name as you want it to appear in phonebook</i> LAST NAME			BILLING NAME (IF DIFFERENT)		
SERVICE ADDRESS			BILLING ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
VALID OR NEW EMAIL ADDRESS (3-16 characters, letters and numbers only, lower case, no spaces) @adamswells.com			PASSWORD (5-44 LETTERS/NUMBERS)	ALT. PHONE NEW or PORT #:	

MANAGED WI-FI INFORMATION

SSID / Wireless Name _____ Password (at least 8 characters) _____

DOUBLE PLAY:

- DOUBLE PLAY \$71.95 + taxes/fees**
 1. INTERNET: 100/100 Mb
 2. PHONE: 250 long distance minutes

WIRELESS ROUTER

- \$7.95 Managed Wi-Fi
 \$4.00 Mesh Extender
 Customer Provided Router
 \$49.00 TECH Install/Activation

PHONE FEATURES INCLUDE:

Caller ID (name & #) Call Waiting & 3 Way Calling

EXTRA PHONE FEATURES (monthly charge)

- UPGRADE to 500 minutes - \$10.00
 Extended Calling Plan - \$4.95 (Ossian, Uniondale, Preble & Tocsin)
 Call Forwarding - \$2.00
 Voice Mail - \$4.95 (Password _____)
 Unlisted Number - \$1.00
 Unblock Caller ID
 International Calling
 Battery Backup (Phone)

INTERNET FEATURES (monthly)

- INTERNET UPGRADE 250/100 Mb - \$20.00
 INTERNET UPGRADE 1Gb/100 Mb - \$50.00
 INTERNET UPGRADE 1Gb/1Gig - \$100.00
 SPAM-X (filter required with AdamsWells e-mail) - \$1.50
 X-STOP (content filter) - \$3.00
 STATIC IP ADDRESS - \$10.00
 Server _____ VPN _____ Mail _____ Other _____
 Service Call Protection Plan - \$4.95
 Equipment + Service Call Protection Plan \$9.95

ADVANCE PAYMENT REQUIRED

\$49.00 Installation/Activation Fee
Plus 1st month service.
(NON-REFUNDABLE)

CHARGES AFTER INITIAL INSTALL

Time and Material - \$60 per hour
 Service Call - \$30 per ½ 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. 12/15/2023 BJ)

Fiber Area _____
 Calix Address _____
 F _____ EQN# _____
 Switch Work _____ Data _____
 Toly _____ NPAC Confirm _____
 Magic Mail _____
 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	
Package Cost	\$
	\$
Indiana Tel-Relay (.03)	\$
Indiana 911 (1.00)	\$
	\$
	\$
Managed Wi-Fi	\$
Additional Service Charge	\$
(Federal/State) 10% Tax	\$
IUSF/Franchise Fee	\$
SUB-TOTAL	\$
(\$49.00) Installation Fee	\$
TOTAL DUE	