Craigville RESIDENTIAL
565 Phone

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

Present or Previous Customer ❑Yes ❑ No FIRST NAME **Print name as you want it to appear in phonebook** 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. PH:: NEW or PORT #:

NOTE: The email address will also be your USERNAME.

SELECT ONE:

❑ **Line only 29.98 (tax)**

❑ **Pkg. 100 $33.48 (tax)**
100 Min. Long Distance

❑ **Pkg. 250 $38.48 (tax)**
250 Min. Long Distance

❑ **Pkg. 500 $48.48 (tax)**
500 Min. Long Distance

PHONE PACKAGES INCLUDE:
Caller ID, Call Waiting & 3 Way Calling

LONG DISTANCE PKGS.
Charges on OUTGOING calls only

- ❑ **100-$4.95**
- ❑ **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)

- ❑ **$4.00 - Caller ID Number & Name**
- ❑ **$4.95 - Voice Mail (Password 4-7 #'S)_____**
- ❑ **$2.00 - Call Forward**
- ❑ **$1.00 - NP/NL Number**
  - ❑ **Unblock Caller ID**
- ❑ **$4.95 - Service Call Protection Plan**
- ❑ **$9.95 - Equipment + Service Call Protection Plan**
- ❑ **Battery Backup (Fiber Phone)**

ADVANCE PAYMENT REQUIRED

$49.00Activation Fee plus 1st month

(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 will be - $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. 1/25/2024 BJ)**

Fiber Area _____
Calix Address_____
MDF_____
EQN#_____
Switch Work _____
TOLY_____
NPAC Confirm_____
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

SERVICE	**$**
FEES	**$**
IN Universal Svc Fund **Fed Universal Svc Fund**	**$**
(Federal/State) 10% Tax	**$**
SUB TOTAL	**$**
$49.00 Activation Fee	**$**
TOTAL DUE	