



RESIDENTIAL
TV
[] (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			BILLING NAME (IF DIFFERENT)		
FIRST NAME		LAST NAME			
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**
\$82.45 (+\$25.39/Taxes/Fees*)
 - Local Digital Only**
\$19.95 (+\$25.39/Taxes/ Fees*)
- 1st HD set top box included**
- *\$24.64 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
- 1st 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 1 set top box, additional boxes \$50.00 each)
Plus 1st 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 (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		
TAXES & SURCHARGES SUBJECT TO CHANGE		
PACKAGE COST	\$	
FCC VIDEO FEE	\$	
Channel Guide Data Fee and Local Station Pass-through (\$25.39)	\$	
Add. HD STB ___ X \$3.95	\$	
(1) DVR STB ___ X \$13.90	\$	
Add. Service Charge	\$	
SERVICE SUB- TOTAL	\$	
INSTALLATION FEE (\$49.00)	\$	
EXTRA LOCATIONS Install (50.00 Each)	\$	
SUB-TOTAL		
FRANCHISE FEE		
TOTAL DUE	\$	

OFFICE USE ONLY (rev. 11/17/21cv)

Fiber Area _____

Calix Address _____

MDF _____

Data Base _____

Video _____

Activation Code _____

Final Install Date: ___ - ___ - ___

Circuit ID _____ Leg _____

Photo ID Checked (Per FCC ruling a photo ID must be provided)