



Craigville 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			BILLING NAME (IF DIFFERENT)		
FIRST NAME <i>Print name as you want it to appear in phonebook</i> LAST NAME					
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)			PASSWORD (5-44 LETTERS/NUMBERS)	ALT. PHONE	
@adamswells.com				NEW or PORT #:	
MANAGED WI-FI INFORMATION					
SSID / Wireless Name _____			Password (at least 8 characters) _____		

DOUBLE PLAY:

DOUBLE PLAY \$72.98 + taxes/fees

- INTERNET: 100/100 Mb
- PHONE: 250 long distance minutes

WIRELESS ROUTER

\$7.95 Managed Wi-Fi

\$4.00 Mesh Extender

Customer Provided Router

\$49.00 TECH Install/Activation
 Wireless Speeds May Vary

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
- 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	
TAXES & SURCHARGES SUBJECT TO CHANGE	
Package Cost	\$
	\$
Indiana Tel-Relay (.03)	\$
Indiana 911 (1.00)	\$
	\$
Managed Wi-Fi Router	\$
Mesh Extender	\$
Additional Service Charge	\$
(Federal/State) 10% Tax	\$
IUSF/Franchise Fee	\$
SUB-TOTAL	\$
(\$49.00) Installation Fee	\$
TOTAL DUE	

OFFICE USE ONLY (rev. 1/31/2024 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)