



# Business

(1 year contract)

2351 N. Main, Box 38  
 Craigville, IN 46731  
 Phone: 260.565.3131  
 Fax: 260.565.3535  
 Toll Free: 800.917.7731  
 www.adamswells.com

BUSINESS NAME			CONTACT		
SERVICE ADDRESS			BILLING ADDRESS (Print SAME if same as Service Address)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
CREATE YOUR EMAIL ADDRESS & password (3-16 characters, letters and numbers only, lower case, no spaces)			PASSWORD	ALT. PH:	
@adamswells.com				PHONE#	
NOTE: The email address will also be your USERNAME. For example, if your email address is jdoe@adamswells.com, the username will be jdoe.					

<p><b><u>BLUFFTON/CRAIGVILLE HSI</u></b></p> <p><input type="checkbox"/> \$39.95 2MEG/1MEG</p> <p><input type="checkbox"/> \$49.95 3MEG/1MEG</p> <p><input type="checkbox"/> \$59.95 6MEG/1MEG</p> <p><input type="checkbox"/> \$69.95 4MEG/2MEG</p> <p><input type="checkbox"/> \$20.00 SINGLE SERVICE CHARGE PER MONTH (NO Phone Line)</p> <p><input type="checkbox"/> \$99.00 TECH Install/Activation Fee</p> <p><input type="checkbox"/> Inside Wire Maintenance - \$4.95 (Please ask for detailed information)</p>	<p><b><u>FIBER AREA</u></b></p> <p><input type="checkbox"/> \$39.95 6MEG/1MEG</p> <p><input type="checkbox"/> \$59.95 6MEG/3MEG</p> <p><input type="checkbox"/> \$79.95 6MEG/6MEG</p> <p><input type="checkbox"/> \$99.95 10MEG/10MEG</p> <p><input type="checkbox"/> \$20.00 SINGLE SERVICE CHARGE PER MONTH (NO Phone Line)</p> <p><input type="checkbox"/> \$99.00 TECH Install/Activation Fee</p> <p><input type="checkbox"/> Inside Wire Maintenance - \$4.95 (Please ask for detailed information)</p>
---	--

**Unlimited (400 Unlimited)**

- \$16.50 Wells County
- \$18.50 Adams County
- \$190.00 Yearly (NON refundable)

**Extra Features**

- \$10.00 Static IP (Used For?)  
Server \_\_\_ VPN \_\_\_ Mail \_\_\_ Other \_\_\_
- \$3.00 X-Stop Content Filter
- \$1.50 Spam-X Email Filter
- \$4.95 Email Only
- \$19.95 Ikano Travel Pack

**Important information to REMEMBER**

Additional outlet (includes wiring) - \$60.00 per hr  
 Service Call (Truck roll) - \$25.00

Any features changed after the initial install date will be - \$10.00 service charge.

Standard completion date is approximately 10 business days from the first business day after fees are processed

**PAYMENT:** When submitting this Application Form, payment of installation fees plus the 1st month's bill will be required. Per FCC ruling, a Photo ID must be provided.

**BILLING TYPE:** \_\_\_ Bill Monthly \_\_\_ Credit Card \_\_\_ Electronic Checking \_\_\_ Online (Email address) \_\_\_

I affirm that I am legally qualified to contract for TV, Phone or High Speed Internet service and have attained the age of at least 18 years. I acknowledge that I accept and agree to the "Craigville Telephone Company, Inc. Service Agreement".

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list all additional names of persons having access to this account:

\_\_\_\_\_

Operating System: \_\_\_\_\_ Valid email address: \_\_\_\_\_

**(\$99.95)TECH Install Fee plus 1<sup>st</sup> mo. in advance (NON REFUNDABLE)**

**OFFICE USE ONLY (rev. 3/1/10)**

Account No: \_\_\_\_\_

Final Install Date: \_\_\_-\_\_\_-\_\_\_

HSI DB: \_\_\_\_\_

Fiber Area: \_\_\_\_\_ Move to GPON TT# \_\_\_\_\_

Photo ID Checked: \_\_\_\_\_

Minerva/WO Info: \_\_\_\_\_

Provision # \_\_\_\_\_

# PORT Date: \_\_\_-\_\_\_-\_\_\_

Provisioning:

1. EQN#: \_\_\_\_\_
2. Calix address \_\_\_\_\_
3. Calix - Video \_\_\_\_\_
4. Calix - Data \_\_\_\_\_
5. Switch Work \_\_\_\_\_

OFFICE USE ONLY	
TAXES & SURCHARGES SUBJECT TO CHANGE	
INTERNET SERVICE	\$
SERVICE OPTION	\$
TOTAL MONTHLY FEE	\$
ACTIVATION FEE	\$
TOTAL DUE	\$