



# Residential

(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

FIRST NAME			LAST NAME		
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"/> \$24.95 1MEG/512kb</p> <p><input type="checkbox"/> \$29.95 2MEG/512kb</p> <p><input type="checkbox"/> \$34.95 3MEG/512kb</p> <p><input type="checkbox"/> \$39.95 4MEG/512kb</p> <p><input type="checkbox"/> \$59.95 6MEG/1MEG</p> <p><input type="checkbox"/> \$10.00 SINGLE SERVICE CHARGE PER MONTH (NO Phone Line)</p> <p><input type="checkbox"/> \$49.00 Activation Fee plus 1<sup>st</sup> month in advance</p> <p><input type="checkbox"/> \$99.00 TECH Install/Activation Fee plus 1<sup>st</sup> month in advance</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"/> \$24.95 3MEG/1MEG</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"/> \$10.00 SINGLE SERVICE CHARGE PER MONTH (NO Phone Line)</p> <p><input type="checkbox"/> \$49.00 TECH Install/Activation Fee plus 1<sup>st</sup> month in advance</p> <p><input type="checkbox"/> Inside Wire Maintenance - \$4.95 (Please ask for detailed information)</p>
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**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: \_\_\_\_\_

**Activation/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# \_\_\_\_\_

Census Track: \_\_\_\_\_ Within City Limits: \_\_\_\_\_

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 OPTIONS	\$
TOTAL MONTHLY FEE	\$
ACTIVATION FEE	\$
TOTAL DUE	\$