



BUSINESS
TV
(1 year contract)

2351 N. Main, Box 38
Craigville, IN 46731
Phone: 260.565.3131
Fax: 260.565.3535
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BUSINESS NAME			CONTACT NAME		
SERVICE ADDRESS			BILLING ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE			ALT PHONE		

DIGITAL TV SERVICE

- Basic Digital w/locals
\$49.95 (monthly)
- Local Digital Only
\$19.95 (monthly)

* 1st HD set top box included

\$4.74 Local Station Pass-Through Fee applied to all Digital TV Services

MOVIE CHANNELS (monthly)

- Showtime/TMC – Channels - \$11.95
- Encore/Starz - Channels - \$9.95

UPGRADES (monthly)

- HD PACKAGE - \$9.95
- HDNet + HDNet MOVIES \$3.99
- HD Theater/Velocity \$1.99
- HD Universal \$1.99
- EXPANDED TV - \$6.99

ADDITIONAL SERVICE/CHARGES (monthly)

- DVR Service - \$5.95 (box NOT included)
____ DVR set top box - \$7.95
(Limit 2 DVR's per household, Add. \$311)
- ____ 1st HD set top box (FREE)
- ____ Additional HD set top box - \$3.95
- Inside Wire Maintenance - \$4.95
(Please ask for detailed information)

CHARGES AFTER INITIAL INSTALL

1st Additional TV outlet (includes wiring) - \$49.00
Each additional location - \$25.00

Any features changed will have a \$10.00 service charge.

ADVANCE PAYMENT REQUIRED

\$99.00 Installation Fee
(Includes up to 3 set top boxes, additional boxes \$25) plus 1st month service.
(NON-REFUNDABLE)

Standard completion date is approximately **10 BUSINESS DAYS** from the first business day after fees are processed

BILLING TYPE: _____ Paper Bill _____ Credit Card _____ Electronic Checking _____ Online/Paperless (Customer Set-up Required)

I affirm that I am legally qualified to contract for TV 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:

- Rent _____
- Own _____

Per FCC ruling, a Photo ID must be provided.

Valid email address: _____

OFFICE USE ONLY	
TAXES & SURCHARGES SUBJECT TO CHANGE	
PACKAGE COST	\$
FCC VIDEO FEE (.08)	\$
LOCAL STATION PASS THROUGH (\$4.74)	\$
Add. HD STB ___ X \$3.95	\$
Add. DVR STB ___ X \$7.95	\$
Add. Service Charge	\$
SUB TOTAL	\$
INSTALLATION FEE	\$
EXTRA LOCATIONS	\$
TOTAL DUE	\$

OFFICE USE ONLY (rev. 12/14/11ev)

Account No: _____

Final Install Date: ____ - ____ - ____

Fiber Area: _____

Move to GPON TT#: _____

Photo ID Checked: _____

Minerva/WO Info: _____

Provision # _____

Provisioning:

1. EQN#: _____
2. Calix address _____
3. Calix – Video _____
4. Calix – Data _____
5. Switch Work _____