



RESIDENTIAL
TV
(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
PHONE #			ALT. PH.:		

DIGITAL TV SERVICE

- Expanded Digital w/locals
\$55.95 (monthly)
- Basic Digital w/locals
\$49.95 (monthly)
- Local Digital Only
\$19.95 (monthly)

* 1st HD set top box included

HD eq UPGRADE \$9.95

MOVIE CHANNELS (monthly)

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

Important information to REMEMBER

Additional TV outlet (includes wiring) - \$49.00
Upgrade/add set top box) - \$25.00

Any features changed after the initial install

ADDITIONAL SERVICE/CHARGES (monthly)

- DVR Service - \$5.95 (box NOT included)
 _____ DVR set top box - \$7.95
 (Limit 2 DVR's per household, 3 or more \$311 plus tax)
 _____ 1st HD set top box (FREE)
 _____ Additional HD set top box - \$3.95

(\$49.00) Installation Fee plus 1st mo. in advance
Up to 4 set top boxes, additional set top boxes \$25 per box.

- Inside Wire Maintenance - \$4.95
(Please ask for detailed information)

(\$49.00) Installation Fee plus 1st mo. in advance. (NON REFUNDABLE)

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:

Valid email address: _____

OFFICE USE ONLY	
TAXES & SURCHARGES SUBJECT TO CHANGE	
PACKAGE COST	\$
FRANCHISE FEE	\$
Addtl HD STB ___X___	\$
Addtl DVR STB ___X___	\$
TOTAL MONTHLY FEE	\$
INSTALLATION FEE	\$
TOTAL DUE	\$

OFFICE USE ONLY (rev. 7/28/10)

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 _____