



**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)

\* 1<sup>st</sup> 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 1<sup>st</sup> mo. in advance  
Up to 4 set top boxes, additional rooms \$25 per box.

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

**(\$49.00) Installation Fee plus 1<sup>st</sup> 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. 8/24/10)**

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 \_\_\_\_\_