



CONTRACT BUYOUT FORM

Thank you for choosing Adams Fiber! We look forward to servicing all your communication and entertainment needs! Please follow the steps below to receive your buyout credit.

Step 1: Install Adams Fiber services!

Step 2: Complete the Contract Buyout Form below.

Step 3: Send the following information to billing@adamstel.com or P.O. Box 217, Golden, IL 62339

- Completed Contract Buyout Form including all reimbursable early termination fees
- Attach a copy of the entire bill from previous provider with early termination fees circled, account holder name and service clearly marked.

Upon receipt of the forms and verification of eligibility, a \$10 monthly bill credit (not to exceed \$240) will be applied to your Adams account.

© Adams Fiber. Offer available to new Adams Fiber Internet customers who subscribe to the 50 Mbps or higher Internet package and who have no outstanding obligations to Adams. A copy of the final invoice from previous provider with early termination fees clearly marked along with a completed Adams Contract Buyout form must be submitted to Adams. Forms may be emailed to billing@adamstel.com or mailed to P.O. Box 217, Golden, IL 62339, ATTN: Billing Department. Upon receipt of the forms and verification of eligibility, the bill credit(s), not to exceed \$240, will begin the following billing cycle. Contract buyout forms must be received within 60 days of installation of the Adams service. Offer limited to one contract buyout per household regardless of the number of providers. If service is terminated all remaining bill credits will be forfeited. Contract Buyout form can be found at adams.net/contractbuyout. Offer not available to current existing Adams Fiber internet customers. Offer subject to change. Other restrictions apply. Offer expires 12/31/26.

CONTRACT BUYOUT FORM

(*Asterisk denotes required field)

*Name on the Adams Account: _____

*Service Address: _____

City: _____ State: _____ Zip: _____

*Email Address: _____

*Phone Number on Account: _____

*Previous Provider Name: _____

*Early Termination Fee from Previous Provider: _____

Send completed form with proper documentation to: billing@adamstel.com or Adams Billing Department, P.O. Box 217, Golden, IL 62339.