

## Go Figure Account Update Form – INTERNATIONAL

Phone: +1 281 207 0007 • Toll Free U.S. & Canada (877) 563-4487 Fax: +1 832 327-8861

## PLEASE FILL OUT THIS FORM COMPLETELY - INCOMPLETE FORMS WILL DELAY PROCESSING PLEASE FILL OUT A SEPARATE FORM FOR EACH CLUB

Existing Customer Go Figure Customer ID #:									
Owner's Name:			Phone #:						
Club Address:		-		Ste.	/Apt. #:				
City, State/Province:		Postal/Zip (	Code:		Country:				
Club Phone Number:									
Club Fax Number:									
Email:									
Billing Address:	Same as Club Address			Ste.	/Apt. #:				
City, State/Province:		Postal/Zip Code:			Country:				

## License Fee Agreement

The iGo Figure<sup>®</sup> monthly licensing fee will be automatically charged to your account on or about the 15<sup>th</sup> of every month for each facility location that uses iGo Figure<sup>®</sup>. Technical support and software updates for the purchased version are included with the monthly licensing fee. The license fee includes three concurrent logins per facility location (for cloud-based iGo360) or up to three networked computers (for version 3). I understand that I am purchasing a license(s) to use the iGo Figure Software. I understand that I must pay the applicable license fees (plus tax where required by law) for each facility that I own that uses the iGo Figure<sup>®</sup> program, and that if I do not pay the fee, Go Figure may terminate this agreement and cutoff my access to the software. I authorize Go Figure, Inc., to charge my account for all charges, fees and any other charges I incur. I understand that my use of the iGo Figure Software is governed by the software license agreement included with the program. I understand that prices and fees are subject to change. 15% restocking fee on returned equipment.

<b>NEW Credit Card Information</b> Please fill out the account information below. Your purchase and your monthly license fee will be charged to this account.										
Credit Card	□ AMEX □ VISA	☐ MC ☐ DISC	Name on Card		Acct. #		Exp. Date: Mo Yr			

I have read the above statement and agree to have the account above or any other account I have on file with Go Figure charged for the fees for services and products I inciur.

Owner Signature:\_\_\_\_

Printed Name: \_

www.igofigure.com

FAX TO ACCOUNTING DEPARTMENT AT +1 832 327 8861

7 Mar 2019

Date (MM/DD/YYYY):