



# Go Figure Account Update Form – USA

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**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 #:** \_\_\_\_\_

<b>Owner's Name:</b>		<b>Phone #:</b>	
Club Address:			Ste./Apt. #:
City, State/Province:		Postal/Zip Code:	Country:
Club Phone Number:			
Club Fax Number:			
Email:			
Billing Address:	<input type="checkbox"/> Same as Club Address		Ste./Apt. #:
City, State/Province:		Postal/Zip Code:	Country:

### License Fee Agreement

The iGo Figure® 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®. 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® 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.

### NEW Credit Card Information

Please fill out the account information below. Your purchase and your monthly license fee will be charged to this account.

Credit Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> MC	Name on Card	Acct. #	Exp. Date: Mo. ___ Yr. ___
	<input type="checkbox"/> VISA	<input type="checkbox"/> DISC			

### NEW Bank Information (for US bank account ONLY!)

Checking Account (US ONLY)	Bank Name		Routing #	
	Name on Acct.		Acct. #	

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 incur.

Owner Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

Printed Name: \_\_\_\_\_