



Go Figure Account Update Form

USAPhone: **U.S. (877) GOFIGURE** (877-463-4487)

PLEASE FILL OUT THIS FORM COMPLETELY AND FAX TO 832-327-8861
INCOMPLETE FORMS WILL DELAY PROCESSING
PLEASE FILL OUT A SEPARATE FORM FOR EACH CLUB

Go Figure Customer ID #: _____			
Owner Name (1):		Home/Cell #:	
Owner Name (2):		Home/Cell #:	
Business Name:		Franchise #:	
Club Phone Number:		Fax Number:	
Email (To receive a notice) :			
Address:		Ste./Apt. #:	
City, State/Province:		Postal/Zip Code:	Country:

Please complete at least one of the options below:

NEW Bank Information

Checking Account Draft (preferred)	Bank Name		Name on Acct.	
	Acct. #		Routing #	

*(Please attach a copy of a voided check.)***NEW Credit Card Information***PRIMARY*

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

ALTERNATE (optional)

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

How would you like your monthly license fee charged?

- Deducted directly from my checking account.
 Charged to my credit card.

The iGo Figure® monthly licensing fee will be automatically drafted from your bank or credit card on or after the 15th of every month for each facility that uses iGo Figure®. **Unlimited technical support and upgrades are included with the monthly licensing fee.** I understand that I must pay the applicable monthly license fee (plus tax where required by law) for each facility that I own that uses the iGo Figure® program. I authorize Go Figure, Inc., to charge my credit card or bank account listed for the monthly license fee (on or about the 15th day of the month), and any other fees I may authorize. I understand that I can cancel the iGo Figure® program at any time and that I am required to submit notice of cancellation in writing to Go Figure (30 day notice is required), located at **12808 W. Airport Blvd., Suite 300, Sugar Land, Texas 77478-6185**. 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 without notice.

Owner Signature: _____

Date (MM/DD/YEAR): ____/____/____

FAX TO ACCOUNTING DEPARTMENT AT 832-327-8861
www.igofigure.com