



Go Figure Account Update Form – USA

Phone: +1 281 207 0007 • Toll Free U.S. & Canada (877) 563-4487
Email: accounts@igofigure.com

PLEASE FILL OUT THIS FORM COMPLETELY AND EMAIL BACK TO ACCOUNTS@IGOFigure.COM

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:	<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 15th 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: _____