



# Go Figure Account Update Form



Member Customer  
MANAGEMENT SOFTWARE

Phone: U.S. (877) GOFigure (877-463-4487)

**PLEASE FILL OUT THIS FORM COMPLETELY AND FAX TO 281-749-8151  
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)	<b>Bank Name</b>		<b>Name on Acct.</b>
	<b>Acct. #</b>		<b>Routing #</b>

(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 15<sup>th</sup> 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 15<sup>th</sup> 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 281-749-8151**  
**www.igofigure.com**