


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16	
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to: applications@impactpays.net			
Business Verification Document	<input checked="" type="checkbox"/>	01/15/23				
Copy of Drivers License	<input checked="" type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name: ATC Fitness						
Business Legal Name: ATC Fitness of Oakland, LLC		Website:				
Contact Name: Spencer McDaniel		Contact Phone Number:		901 219 9488		
Physical Address: 205 Chickasaw Bldg		City, State, Zip:		Oakland TN 38060		
Email Address: spencer.m@atcfitness.com		Phone #:				
Billing Address:		City, State, Zip:				
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:		81-1599776
Business Type						
Corporation - Pick One:		Type:		Bus Open Date:		
Refund Policy:		Print Policy:		(If yes input refund message)		
Types of Goods Sold: Gym		Convenience Store				
Ownership Information (Must be 51% or more) If multiple owners fill out additional ownership form						
Officer/Owners Name: Spencer McDaniel		Title: OWN		Social Security:		409543290
Home Address: 4871 Wainwright Dr		City, State, Zip Code:		Memphis TN 38117		
Drivers License#: 08639311		Exp Date: 9/16/2028		State Issued:		TN
DOB: 7/1/1980		Home Phone#:				
% of Business Owned: 100%		Length of Ownership:				
Banking Information ** No starter checks or deposit slips accepted**			Terminal Questions (Circle your answer)			
Name of Bank: Simmons Bank		Batch Out Time (for nextday funding 7:00 PM): 12:00am				
ABA Routing #: 082900432		Communication Method: .				
Account #: 132134324		Do you dial 9 for outside line? .				
Estimated Sales Volume			Terminal Type:			
Estimated Annual Sales (All sales) \$ 4000		Reprogram Terminal: .				
Estimated Visa/MC/Discover Sales \$		Equipment Purchase: .				
Estimated Monthly Visa/MC/Discover/AMEX Sales \$		Equip. Rental Program: .				
Average Ticket \$		Next Day Funding: .				
High Ticket \$		Tip Edit: .				
First two sections must equal 100% respectively			EBT: .		FNS Number:	
Card Swiped: % Card Keyed In: % = 100% 0		Tax Calculation:		If so tax rate:		
Card Present: % Card Not Present % = 100% 0		Software or POS Integration Questions Only				
MOTO: % Internet: %		POS Software Integration: .				
Program Type: .		Software Name & Version:				
Notes:		MP/AP Name:				
		RP Name:				
		Pricing Provided:				
Receipt Header Message:						
Receipt Footer Message:						