


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 olive branch, inc			Website:	
Contact Name:		Spencer McDaniel		Contact Phone Number: 901 219 9488		
Physical Address:		7120 Hackcross Rd		City, State, Zip: Olive Branch MS 38654		
Email Address:		SpencerM@atcfitness.com			Phone #:	
Billing Address:		City, State, Zip:				
Biz Phone #:		Biz Fax #:		EIN/Tax ID #: 20-5970173		
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: OWNER		Social Security: 409593290
Home Address:		4871 Walnut Grove Dr.		City, State, Zip Code: MEMPHIS TN 38117		
Drivers License#:		08039311		Exp Date: 9/10/2028		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 #		132139105		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:						