


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"/>	6/15/13				
Copy of Drivers License	<input checked="" type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name:		ATC Fitness				
Business Legal Name:		ATC Fitness of Senatobia, Inc		Website:		
Contact Name:		Spencer McDuniel		Contact Phone Number: 901 219 9488		
Physical Address:		152 Norfolk Dr.		City, State, Zip: Senatobia Senatobia, MS 38602		
Email Address:		Spencer.m@atcfitness.com			Phone #:	
Billing Address:					City, State, Zip:	
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:		20-5118470
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 McDuniel		Title: OWNER		Social Security: 409543290
Home Address:		4871 Walnut Grove Dr.		City, State, Zip Code:		Memphis TN 38117
Drivers License#:		08639311		Exp Date:		9/16/2028
DOB:		7/1/1980		State Issued:		TN
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 #		132139290		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:						