

Attached Required Document Checklist

Voided Check	<input checked="" type="checkbox"/>	Date Submitted:
Business Verification Document	<input checked="" type="checkbox"/>	9/15/23
Copy of Drivers License	<input checked="" type="checkbox"/>	

Fax to : 901-692-9499

email to:
applications@impactpays.net



Version:007.16

Merchant Application Submission Form

Merchant (Business) DBA Name:		ATC Fitness	
Business Legal Name:	ATC Fitness of Southaven, Inc	Website:	
Contact Name:	Spencer McDaniel	Contact Phone Number:	9012199488
Physical Address:	2150 Goodman Rd	City, State, Zip:	Southaven MS 38671
Email Address:	SpencerMc@atcfitness.com	Phone #:	
Billing Address:		City, State, Zip:	
Biz Phone #:		Biz Fax #:	
		EIN/Tax ID #:	46-2842848

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#:	08639311	Exp Date:	9/16/2028	State Issued:	TN
DOB:	7/1/1980	Home Phone#:			
% of Business Owned:	%	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 #	132137323	Do you dial 9 for outside line?	

Estimated Sales Volume

Estimated Annual Sales (All sales)	\$ 4,000	Terminal Type:	
Estimated Visa/MC/Discover Sales	\$	Reprogram Terminal:	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equipment Purchase:	
Average Ticket	\$	Equip. Rental Program:	
High Ticket	\$	Next Day Funding:	
		Tip Edit:	

First two sections must equal 100% respectively

Card Swiped: %	Card Keyed In: % = 100% 0	EFT:		FNS Number:	
Card Present: %	Card Not Present % = 100% 0	Tax Calculation:		If so tax rate:	

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: