Attached Required Document Checklist		Date Submitted:	Fax to : 901-692-9499		Version:007.16
Voided Check	☑		email to: applications@impactpays.net		iMPACT PAYSYSTEM
Business Verification Document	☑	01523			
Copy of Drivers License	☑				

Merchant Application Submission Form

Merchant (Business) DBA Name:	ATC Fitness

Business Legal Name:	ATC Fitness of Tupelo, INC	Website:	
Contact Name:	Spencer McDaniel	Contact Phone Number:	901 219 9488
Physical Address:	4360 Mall Dr.	City, State, Zip:	Tupelo MS 38804
Email Address:	spencerm@atcfitness.com	Phone #:	
Billing Address:		City, State, Zip:	
Biz Phone #:		Biz Fax #:	EIN/Tax ID #: 45-4306533

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#:	08659311	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 #	137137226	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

		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:	