


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version:007.16		
Voided Check	<input checked="" type="checkbox"/>	Submitted: 01/15/13	email to: applications@impactpays.net				
Business Verification Document	<input checked="" type="checkbox"/>						
Copy of Drivers License	<input checked="" type="checkbox"/>						
Merchant Application Submission Form							
Merchant (Business) DBA Name:		ATC Fitness					
Business Legal Name:		ATC Fitness Audubon Place, LLC		Website:			
Contact Name:		Spencer McDaniel		Contact Phone Number:		9012199488	
Physical Address:		4082 Spottswood		City, State, Zip:		Memphis TN 38117	
Email Address:		SpencerM@atcfitness.com			Phone #:		
Billing Address:		City, State, Zip:					
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:		81-1582460	
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#:		080309311		Exp Date:		09/10/2028	
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 #		132150389		Do you dial 9 for outside line? .			
Estimated Sales Volume			Terminal Type:				
Estimated Annual Sales (All sales)		\$ 4,000		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:							