


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 BARTLETT, INC			Website:		
Contact Name:	SPENCER MCDANIEL		Contact Phone Number:	9012199488		
Physical Address:	6000 Stage Rd.		City, State, Zip:	Bartlett TN 38134		
Email Address:	SPENCERM@ATCFITNESS.COM				Phone #:	
Billing Address:			City, State, Zip:			
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:	20-4020400	
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:	4971 WINDMILL GROVE DR.		City, State, Zip Code:	MEMPHIS TN 38117		
Drivers License#:	090309311	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): 12:00 am			
ABA Routing #	092900432		Communication Method: .			
Account #	132150192		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:						