


Attached Required Document Checklist		Date	Fax to : 901-692-9499	
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to: applications@impactpays.net	
Business Verification Document	<input checked="" type="checkbox"/>	6/15/25		
Copy of Drivers License	<input checked="" type="checkbox"/>			

Merchant Application Submission Form

Merchant (Business) DBA Name:		ATC Fitness		
Business Legal Name:	ATC Fitness of Brighton, Inc	Website:		
Contact Name:	Spencer McDaniel	Contact Phone Number:	901 219 9488	
Physical Address:	1828 Old Highway 51N	City, State, Zip:	Brighton TN 38011	
Email Address:	spencer.m@atcfitness.com	Phone #:		
Billing Address:		City, State, Zip:		
Biz Phone #:		Biz Fax #:	EIN/Tax ID #:	20-5552188

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:	9/14/2028	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 #	132150036	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:	
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Card Present:	%	Card Not Present	% = 100% 0
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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: