


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 Collierville				Website:	
Contact Name:	Spencer McDaniel		Contact Phone Number:		901 219 9498	
Physical Address:	952 W Poplar		City, State, Zip:		Collierville TN 38017	
Email Address:	spencerm@atcfitness.com				Phone #:	
Billing Address:					City, State, Zip:	
Biz Phone #:			Biz Fax #:		EIN/Tax ID #: 27-4201734	
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:		9/10/2028	
DOB:	7/1/1980		Home Phone#:		TN	
% 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 #	132149836		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:						