


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"/>	6/15/23				
Copy of Drivers License	<input checked="" type="checkbox"/>					
Merchant Application Submission Form						
Merchant (Business) DBA Name:		ATC Fitness				
Business Legal Name:		ATC FITNESS OF EAST MEMPHIS, INC		Website:		
Contact Name:		SPENCER MCDANIEL		Contact Phone Number: 9012199488		
Physical Address:		6558 Quince Rd.		City, State, Zip: MEMPHIS TN 38119		
Email Address:		SPENCERM@ATCFITNESS.COM		Phone #:		
Billing Address:				City, State, Zip:		
Biz Phone #:		Biz Fax #:		EIN/Tax ID #:		260513859
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#:		096309311		Exp Date:		9/10/2028
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 #		132149070		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:						