


<b>Attached Required Document Checklist</b>		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 Germantown, Inc	Website:		
Contact Name:	Spencer McDaniel	Contact Phone Number:	901 219 9488	
Physical Address:	3040 Forrest Hill Rd	City, State, Zip:	Germantown TN 38138	
Email Address:	spencerm@atcfitness.com	Phone #:		
Billing Address:		City, State, Zip:		
Biz Phone #:		Biz Fax #:	EIN/Tax ID #:	27-4201415

<b>Business Type</b>				
Corporation - Pick One:	Type:	Bus Open Date:		
Refund Policy:	Print Policy:	(If yes input refund message)		
Types of Goods Sold: Gym Convenience Store				

<b>Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form</b>					
Officer/Owners Name:	Spencer McDaniel	Title:	owner	Social Security:	409593790
Home Address:	4871 Walnut Trace Dr	City, State, Zip Code:	Memphis TN 38117		
Drivers License#:	080204311	Exp Date:	9/10/2028	State Issued:	TN
DOB:	7/1/1980	Home Phone#:			
% of Business Owned:	100%	Length of Ownership:			

<b>Banking Information ** No starter checks or deposit slips accepted**</b>		<b>Terminal Questions (Circle your answer)</b>	
Name of Bank	Simmons Bank	Batch Out Time (for nextday funding 7:00 PM):	12:00am
ABA Routing #	082900432	Communication Method:	
Account #	132136029	Do you dial 9 for outside line? :	

<b>Estimated Sales Volume</b>		<b>Terminal Type:</b>	
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:	

<b>First two sections must equal 100% respectively</b>				EFT:	FNS Number:
Card Swiped:	%	Card Keyed In:	% = 100%	Tax Calculation:	If so tax rate:
Card Present:	%	Card Not Present	% = 100%		

				<b>Software or POS Integration Questions Only</b>	
MOTO:	%	Internet:	%	POS Software Integration:	
Program Type:				Software Name & Version:	
Notes:				MP/AP Name:	
				RP Name:	
				Pricing Provided:	

Receipt Header Message:
Receipt Footer Message: