


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"/>	5/10/22		
Copy of Drivers License	<input checked="" type="checkbox"/>			

Merchant Application Submission Form

Merchant (Business) DBA Name:		ATC fitness		
Business Legal Name:	ATC FITNESS OF JACKSON EAST, INC	Website:		
Contact Name:	Spencer McDaniel	Contact Phone Number:	901 219 9488	
Physical Address:	2554 Christmas Hill Rd	City, State, Zip:	JACKSON TN 38305	
Email Address:	spencermc@atcfitness.com	Phone #:		
Billing Address:		City, State, Zip:		
Biz Phone #:		Biz Fax #:	EIN/Tax ID #:	40-2842129

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#:	08639311	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):	12:00am
ABA Routing #	082900432	Communication Method:	
Account #	132133700	Do you dial 9 for outside line? .	

Estimated Sales Volume

Estimated Annual Sales (All sales)	\$ 4,000	Terminal Type:	
Estimated Visa/MC/Discover Sales	\$	Reprogram Terminal:	
Estimated Monthly Visa/MC/Discover/ AMEX Sales	\$	Equipment Purchase:	
Average Ticket	\$	Equip. Rental Program:	
High Ticket	\$	Next Day Funding:	
		Tip Edit:	

First two sections must equal 100% respectively

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: