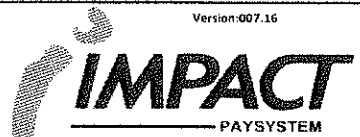


Attached Required Document Checklist		Date	Fax to : 901-692-9499		Version: 007.16
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to: applications@impactpays.net		
Business Verification Document	<input checked="" type="checkbox"/>	6/15/25			
Copy of Drivers License	<input checked="" type="checkbox"/>				
Merchant Application Submission Form					
Merchant (Business) DBA Name:		ATC Fitness			
Business Legal Name:		ATC Fitness of Lakeland, INC	Website:		
Contact Name:		Spencer McDaniel	Contact Phone Number:		901 219 9488
Physical Address:		2991 Canada Rd	City, State, Zip:		Lakeland TN 38002
Email Address:		spenverm@atcfitness.com		Phone #:	
Billing Address:				City, State, Zip:	
Biz Phone #:		Biz Fax #:		EIN/Tax ID #: 27-1681215	
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#:		08039311	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): 12:00 am	
ABA Routing #		082900432		Communication Method:	
Account #		132146040		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%	Tax Calculation:	If so tax rate:
Card Present:	%	Card Not Present	% = 100%	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:					