


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 Millington, Inc		Website:
Contact Name: Spencer McDaniel	Contact Phone Number: 901 219 9488			
Physical Address: 4701 NAM Rd.	City, State, Zip: Millington TN 38053			
Email Address: spencerm@atcfitness.com	Phone #:			
Billing Address:	City, State, Zip:			
Biz Phone #:	Biz Fax #:	EIN/Tax ID #: 20-8554911		

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: 9/16/2028	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 #: 132148080	Do you dial 9 for outside line? .

Estimated Sales Volume

Terminal Type:

Estimated Annual Sales (All sales) \$ 4000	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:
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Card Present: %	Card Not Present % = 100% 0	Software or POS Integration Questions Only	
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MOTO: %	Internet: %	POS Software Integration:
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Program Type:	Software Name & Version:
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Notes:	MP/AP Name:
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	RP Name:
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	Pricing Provided:
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Receipt Header Message:

Receipt Footer Message: