

**Attached Document Checklist**

Voided Check

Copy of Drivers License

Fax to : 901-692-9499

email to:  
applications@impactpays.net



**Merchant Application Submission Form**

Merchant (Business) DBA Name: Wallace Cordage Company

Business Legal Name: Wallace

Contact Name: Lisa Bryd Contact Phone Number: \_\_\_\_\_

Physical Address: 428 E. Pleasant Ave. City, State, Zip: Covington, TN 38019

Phone Number: 901-476-4621 Fax Number: \_\_\_\_\_

Email Address: lisa@wallacecordage.com Website: \_\_\_\_\_

Billing Address: P.O. BOX 357 City: Covington

State: ~~GA~~ TN Zip: 38019

**Business Type**

Corporation Business Start Date: 08/1990

Limited Liability Business Type: \_\_\_\_\_

Sole Prop % of Business Owned: 100 % Length of Ownership: \_\_\_\_\_

Partnership Other  Types of Goods Sold: \_\_\_\_\_

Federal Tax ID# 62-1441087 Refund Policy? \_\_\_\_\_

**Ownership Information**

Officer/Owners Name: Danny Wallace Title: owner Social Security: 410-68-1374

Home Address: 214 Holly Grove Rd. City, State, Zip Code: Covington TN 38019

Drivers License#: 040149775 Expiration Date: \_\_\_\_\_ State: TN

DOB: 3/30/43 Home Phone Number: \_\_\_\_\_

**Banking Information**

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)

Name of Bank Bank of Ripley

City Ripley State TN Zip \_\_\_\_\_

ABA Routing # 084308003

Account # 0130818

**Estimated Sales Volume**

Estimated Annual Sales (All sales) \$ 900,000.00

Estimated Visa/MC/Discover Sales \$ \_\_\_\_\_

Estimated Amex Sales \$ \_\_\_\_\_

Average Ticket \$ 1,000.00

\*\*Highest Ticket \$ 1,000.00

% Card Swiped	<u>85</u> %
% Card Keyed In	<u>95</u> %
% Card Present	_____ %
% Card Not Present	_____ %
% MOTO	_____ %
% Internet	<u>10</u> %
% B2B	_____ %
% International Cards	_____ %

**Terminal Questions**

Batch Out Time: 8PM

Communication Method:  
Dial  IP-Internet

Do you dial 9 for outside line? \_\_\_\_\_

Terminal Type \_\_\_\_\_

Equipment Purchase

Equipment Replacement Program

PIN Debit Pin Pad

POS SOFTWARE

Software Name & Version: \_\_\_\_\_

Next Day Funding (Yes or No): \_\_\_\_\_

Tip Edit (Yes or No): \_\_\_\_\_

Redeclaring FOI30 in store  
(advising to be done for website)

**Managing Partner**

Managing Partner Name Mary Grant

Date Submitted \_\_\_\_\_

**Internal Use Only**

Date Received:	IC + :	PCI:	Minimum:
Date Keyed:	Trans Fee:	Statement:	Chargeback:
Date Approved:	AOF:	Gateway:	Return Item:



**WALLACE CORDAGE COMPANY, INC.**

P.O. BOX 357  
428 E. PLEASANT AVE.  
COVINGTON, TN 38019-2638  
PH. (901) 476-4621 • FAX (901) 476-4622  
TOLL FREE 1-800-743-7475

**BANK OF RIPLEY  
RIPLEY, TENNESSEE**

87-800/843

033147

PAY  
TO THE  
ORDER  
OF

DATE

AMOUNT

WALLACE CORDAGE COMPANY, INC.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

⑈033147⑈ ⑆084308003⑆ 0130818⑈