

CMC RECYCLING

PREFERRED CUSTOMER CARD APPLICATION

SECTION 1

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Occupation: _____ Preferred Language: English Spanish

SECTION 2

Date of Birth: _____ Gender: M F

Proof of Identity (complete one of the following):

U.S. State driver's license number: _____ Exp. (mm/yy): _____

U.S. Military card: _____ State Recycling Registration No. _____

ID card issued by federal, state, or local government: _____

Thumbprint:

Signature: _____ Date: _____

Applicants do not write below this line

Signature of CMC employee authorizing application: _____

Card Number: _____ Date: _____

New _____ Renewal _____ Replacement _____ Card Expiration Date: _____

ATTACH TO THIS APPLICATION: PHOTO OF APPLICANT

COPY OF IDENTIFICATION CARD USED

COPY OF CARD ISSUED



CMC Recycling
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