



## Company Application Form

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Extended Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**NAICS 2012 Code:** (If known) \_\_\_\_\_

**Company Description:** Please enter a brief description of your company:

## Company Representative Contact Information

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Office Telephone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Please mail the completed application form to:

**Universal Abilities**  
**P.O. Box 148**  
**Coram, New York 11727**

A Universal Abilities client service manager will contact your company representative when the application form is received.