



Ride Designs®
a branch of Aspen Seating, LLC
4211-G S. Natches Ct
Sheridan, Colorado 80110
toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com

Ride Designs Custom Systems Supplier Criteria and Instructions U.S. Customers

What you need to know

Thank you for your interest in Ride Designs' products. Because our custom systems require more training and education than standard off-the-shelf products, the following requirements have been established to become a Ride Designs Custom Systems Supplier.

Each Supplier who wishes to be a provider of Ride Designs Custom Systems must:

- Have a Credit Application completed, submitted and approved.
- Purchase evaluation and simulation tools.
- Attend a Ride Certification Training program.
- Each person employed by a supplier who desires to provide Ride Designs Custom Systems must...
 - be a member in good standing of NRRTS (National Registry of Rehabilitation Technology Suppliers)
 - and/or be a CRTS (Certified Rehabilitation Technology Supplier)
 - and/or hold ATP (Assistive Technology Professional) credentials
 - or have an otherwise qualified Rehab Specialist available

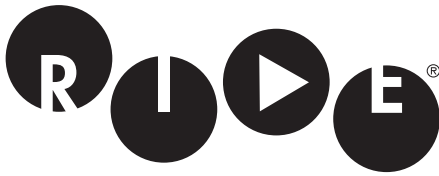
The following instructions and package will easily guide you through the process.

Instructions:

Please print this package and follow these simple instructions.

- 1. Dealer Application.**
 - a. This document provides us the information necessary to process your application, complete a credit check, and formally open your location.
- 2. Certification Course.**
 - a. To become certified you must attend a Ride Custom Systems Certification Course.
 - b. Current dates and brochure can be found at <http://www.ridedesigns.com/education.html>
 - c. We strongly encourage you to bring your key referral sources.
- 3. Starter Kit Order Form.**
 - a. You are required to have all tools necessary for evaluation and simulation.
 - b. We require a PO for the tools prior to your attendance at the course, but you may opt to specify your tool preferences once you complete the course.
 - c. You must use the Ride Custom Cushion Simulators and Evaluators for specifying Ride Custom Cushions.
 - d. You may, however, choose to use a seating simulator you already own for capturing back shapes, or you may prefer our simulation method and system.
 - e. Please note that Ride Designs pays for shipping of all Ride Custom products. Additionally, every Ride Custom Component ordered comes with everything needed to simulate and order your next product, shipped to you at no additional charge.
 - f. You will not need to purchase any additional materials once you have made this initial investment with the occasional exception of low cost supplies that help you re-do shape captures in the field when necessary. Your initial kit includes ample tools to initially cover these needs.

Please feel free to call us at the toll free number (866.781.1633) if you require any assistance in completing the application and associated forms. We look forward to seeing you at the Certification Course and caring for you and your client's needs well into the future.



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Ride Designs® Supplier Application

Thank you for your interest in Ride Designs' products. Please fill out this application and FAX to Ride Designs.

► Supplier Application

Business Data

Business Name _____
 DBA _____
 Type of Business _____
 Years in Business _____ Sole Proprietor Partnership Corp S-Corp LLC
 Incorporation Date _____ Incorporation State _____
 Delivery Address _____
 City _____ State _____ Zip _____
 Business Address _____
 City _____ State _____ Zip _____
 Billing Address _____
 City _____ State _____ Zip _____
 Accts. Payable Contact Person _____
 City _____ State _____ Zip _____
 Phone _____ Mobile _____
 Fax _____

E-mail _____
 Website _____
 Dunn & Bradstreet # _____
 Federal Tax # _____
 Publicly Traded Company? Yes No
 How did you learn about our company? _____

May we have your permission to link our website to yours so that customers may view authorized suppliers in your area? Yes No

The following individuals are certified officers or authorized signers and ca act on behalf of the company:

Name/President _____
 Name/Title _____
 Name/Title _____

Bank Reference

Bank _____
 Contact Person _____
 Phone _____ Fax _____
 E-mail _____
 Address _____
 City _____ State _____ Zip _____
 Checking Account # _____

Company Profile

(include credentials with names, e.g., ATS, ATP, CRTS)

Name _____ Yes No
 Name _____ Yes No
 Name _____ Yes No
 Name _____ Yes No
 Name _____ Yes No
 Name _____ Yes No

NRRTS Member?

Trade References (excluding Invacare & Sunrise Medical)

1) Name _____
 Contact _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 2) Name _____
 Contact _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 3) Name _____
 Contact _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

(continued on next page)

Ride Supplier Application

Supplier Name _____

We require a personal credit application from an officer of the company if the business is less than three years old. All sole proprietors are required to submit a personal application.

I, _____, am a certified officer for _____
to act on behalf of said company or corporation. The information on this application is submitted for the purpose of securing a supplier agreement from Aspen Seating/Ride Designs. I hereby certify that the information is true, correct, and complete to the best of my knowledge and I understand and agree that any falsification of this data is grounds for Aspen Seating/Ride Designs refusing to enter into a customer agreement. I acknowledge that the supplier agreement will not become effective until this supplier application is approved. The above named vendor(s) may release company credit history. I/We authorize Aspen Seating/Ride Designs to make whatever credit and/or investigative inquiries it deems necessary in connection with our application or in the course of review or collection of any charges due. I/We further authorize Aspen Seating/Ride Designs to report the way I/we pay on this account to credit bureaus and other interested parties.

Corporate Officer Signature

Date

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NEW Supplier Ride Custom Systems
 Starter Kit Order Form
U.S. Customers

www.ridedesigns.com

Supplier Name & Address	Ship To	Details
_____	_____	Account # _____
_____	_____	P.O. # _____
_____	_____	Purchaser _____
Phone _____	Phone _____	_____
Fax _____	Fax _____	Date _____

What you need to know

Ground shipping is included with:

- Return shipping of Ride Custom Cushion Simulators and back casts to Ride Designs for fabrication.
- Every completed Ride Custom System component you order.

All Ride Custom System components ordered include the materials needed to simulate and order your next system, shipped to you at no charge.

Prices
 Prices are net price U.S. dollars.
 Prices are subject to change without notice.

Must complete 1, and choose between 2 OR 3.

	Quantity	Price	Total
1. Cushion Starter Kit		\$530.00	
Ride Custom Cushion tools include 2 Ride Custom Cushion Simulators and appropriate Refresh Kits, 2 Ride Evaluator Cushions, and 1 box of gauges.			
Select Ride Custom Cushion Simulator sizes (2 total)			
<input type="checkbox"/> Small (12 - 14" wide)	_____		
<input type="checkbox"/> Medium (14 - 17" wide)	_____		
<input type="checkbox"/> Large (17 - 20" wide)	_____		
Select Ride Evaluator Cushion, (2 total)			
<input type="checkbox"/> 14 x 14 Evaluator	_____		
<input type="checkbox"/> 16 x 16 Evaluator.....	_____		
<input type="checkbox"/> 18 x 16 Evaluator.....	_____		
2. Back Starter Kit		\$450.00	
(For suppliers wishing to utilize the Ride Custom Back simulator.)			
Includes vacuum pump, inner simulator bag with beads plus 6 replacement outer bags, tape, marker, M-L measuring stick, plaster for your first 3 back supports, and returnable box with pre-paid return shipping label (for shipping of your first cast back to Ride Designs).			
3. Back Supplement Kit		\$130.00	
(For suppliers wishing to utilize their own seating simulator.)			
Includes marker, M-L measuring stick, plaster for your first 3 back supports, and returnable box with pre-paid return shipping label (for shipping of your first cast back to Ride Designs).			

TOTAL \$ _____



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Additional and Replacement Ride Custom Systems Tools and Accessories

Supplier Name & Address	Ship To	Details
_____	_____	Account # _____
_____	_____	P.O. # _____
_____	_____	Purchaser _____
Phone _____	Phone _____	_____
Fax _____	Fax _____	Date _____

Important Note:

You must be a Certified Ride Custom Systems Provider and own a complete Starter Kit of Ride Custom Cushion and Back simulation tools to order from this form.

Additional Ride Custom Cushion Items/Tools

Evaluator Cushions

Part #	Description	Size	Quantity	Price	Total
RET1414	Ride Evaluator Cushion	14" W x 14" D	_____	\$300.00	_____
RET1616	Ride Evaluator Cushion	16" W x 16" D	_____	\$300.00	_____
RET1816	Ride Evaluator Cushion	18" W x 16" D	_____	\$300.00	_____

Simulators

Part #	Description	Size	Quantity	Price	Total
RS1212	Small	12-14" W x 12" D	_____	\$300.00	_____
RS1417	Medium	14-17" W x 17" D	_____	\$300.00	_____
RS1414	Medium Short	14-17" W x 14" D	_____	\$300.00	_____
RS1718	Large	17-20" W x 18" D	_____	\$300.00	_____
RS1715	Large Short	17-20" W x 15" D	_____	\$300.00	_____

Refresh Kits

Part #	Description	Size	Quantity	Price	Total
RK1212	Small	12-14" W x 12" D	_____	\$ 75.00	_____
RK1417	Medium	14-17" W x 17" D	_____	\$ 75.00	_____
RK1718	Large	17-20" W x 18" D	_____	\$ 75.00	_____

Gauges

Part #	Description	Size	Quantity	Price	Total
RG001M	Ride Gauge (23 pack)	Fits all sizes	_____	\$ 40.00	_____

Additional Ride Custom Back items/Tools

Part #	Description	Quantity	Price	Total
RCB - VP	Vacuum Pump	_____	\$340.00	_____
RCB - RBH	Replacement inner & outer simulator bag with beads and hose	_____	\$120.00	_____
RCB - MLS	M-L Measuring Stick	_____	\$ 75.00	_____
RCB - RB	10 Pack Replacement Outer Shape Capture Bags	_____	\$ 25.00	_____
RCB - PR	12 Pack Plaster Rolls	_____	\$ 60.00	_____
RCB - IM	12 Pack Indelible Markers	_____	\$ 12.00	_____

Ride Forward Cushion and Corbac Pro Samples

Part #	Description	Size	Quantity	Price	Total
SCBXX00	Corbac Sample	Designate size: _____	_____	\$100.00	_____
SCBXX00T	Tall Corbac Sample	Designate size: _____	_____	\$100.00	_____
SFCXXXX	Forward Cushion Sample	Designate size: _____	_____	\$100.00	_____

Prices are net US dollars plus freight.

Prices are subject to change without notice.

TOTAL \$ _____