



Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1676
fax 303.781.1722
www.ridedesigns.com

Ride Designs® Supplier Criteria & Application

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

► Each Supplier who wishes to be a provider of Ride Designs products must:

- Have a Credit Application completed, submitted and approved. Download a supplier application at www.ridedesigns.com/supplier-how.html
- Each person employed by a supplier who desires to provide Ride Designs products 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 Practitioner) or ATS (Assistive Technology Supplier) credentials
 - or have an otherwise qualified Rehab Specialist available
 - attend a Ride Certification Training program. Visit www.ridedesigns.com/education.html for scheduled certification course dates.

► Product and Certification Requirements for the Ride Custom Cushion

Ride Custom Cushion:

Shape Capture and Evaluator-Based

- Providers must be trained and certified by Ride Designs in the custom cushion shape capture and evaluator processes.
- Suppliers are required to purchase one Ride LARGE or MEDIUM Simulator Kit prior to certification.

Ride Custom Cushion:

Evaluator-Based Cushion Only

- Providers must attend a minimum half-day training program conducted by a designated Ride Designs representative.
- Suppliers are required to purchase one Ride SMALL Evaluation Kit prior to attending the training program.

► 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 _____
 E-mail _____

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

Website _____

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

Name/President _____

Name/Title _____

Name/Title _____

(continued on next page)

Supplier Name _____

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)

NRRTS Member?

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

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 _____

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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