Canada



Ride Designs®

a branch of Aspen Seating, LLC 8100 SouthPark Way, C400 Littleton, Colorado 80120 USA

toll-free 866.781.1633 phone 303.781.1633 fax 303.781.1722 www.ridedesigns.com

Ride Designs Supplier Criteria & Instructions

Wheelchair Seating, Custom Products/Systems

What you need to know

Thank you for your interest in Ride Designs' products. Our custom products/systems require more training and education than our standard products/systems. The following requirements have been established to become a Ride Designs Custom Products/Systems Supplier.

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

- Have a Credit Application completed, submitted and approved.
- Add Aspen Seating/Ride Designs as a certificate holder on your liability policy to provide annual insurance verification.
- Purchase shape capture and scanning tools.
- Attend a Ride Custom Certification Course in Denver, Colorado.
- Each person employed by a supplier who desires to provide Ride Designs Custom Products/ 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

Instructions

Please print this package and follow these simple instructions.

1. Supplier Application (Pages 2-3)

a. This document provides us the information necessary to process your application, complete a credit check, and formally open your location.

2. Certificate of Insurance

- a. Contact your insurance agent and request Aspen Seating be added as a certificate holder on your liability policy.
- b. Address on certificate should read: Aspen Seating, 8100 SouthPark Way, C400, Littleton, Colorado, 80120, USA.
- c. The completed document can be sent to the attention of Amanda Segebart by mail or faxed to 303.781.1722.

3. Starter Kit Order Form (Page 4)

- a. You are required to have all tools necessary for shape capture and scanning.
- b. We require a PO for the complete starter kit with your registration for the Ride Custom Certification Course.
- c. 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 starter kit includes ample tools to initially cover these needs.

4. Certification Course

- a. To become certified you must attend a Ride Custom Certification Course in Denver, Colorado.
- b. Current course dates can be found at http://www.ridedesigns.com/ride-certification-course.
- c. We strongly encourage you to bring your key referral sources.

Call us at our toll free number, 866.781.1633, if you require any assistance in completing the application and associated forms. Upon receipt of your completed application and associated forms, Ride Designs will initiate the approval process. Please be advised the approval process can take up to 10 business days.

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Ride Designs® Supplier Application: Custom Products/Systems

Thank you for your interest in Ride Designs' products. Please fill out this application and send by mail or fax to the attention of Amanda Segebart.

➤ Business Data								
Business Name DBA Type of Business			Business Website Dunn & Bradstreet # Federal Tax #					
						Years in Business \Box	Siness Name	Publicly Traded Company? □ Yes □ No
						Incorporation Date	Incorporatio	on State
Delivery Address								
-		Zip	May we have your permission to link our website to yours so that customers may view authorized suppliers in your area? \Box Yes \Box No					
•			Primary contact to receive status of application:					
		Zip	Name/Title					
			E-mail					
-			The following individuals are certified officers or authorized signers and can act on behalf of the company:					
Accts. Payable Contact Person			Name/President					
City	State	Zip	Name/Title					
Phone	Mobile		Name/Title					
Fax								
Company Profile			On-Staff Rehab Specialist completing evalutions and delivering Ride Designs products:					
(Include credentials with names, e.g., ATS, ATP, CRTS) NRRTS Member?			Name/Title					
Name		_ Yes _ No	Phone Mobile					
Name		\to Yes \to No	E-mail					
Name Pes □		 Yes _ No	\square Yes, I would like to receive Ride Designs' monthly e-newsletter with helpful product information and important company announcements.					
Name		 Yes _ No						
Name		_ Yes _ No	(continued on next page)					
Name		□ Yes □ No						

Ride Designs Supplier Application: Custom Products/Systems Supplier Name **▶** Bank Reference Bank Contact Address ______ City ______ State ____ Zip _____ Fax E-mail Checking Account # ► Trade References (excluding Invacare & Sunrise Medical) 1) Name ______ Contact _____ Address ______ State ____ Zip _____ Phone Fax 2) Name Contact Address ______ City ______ State ____ Zip ____ _____ Fax _____ Contact 3) Name 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. l, _____, 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 For internal use only: Department/Role Initials **Approver Date** Sales/Marketing Customer Service

Accounting



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RideWorks[®] Shape Capture Starter Kit Order Form for Ride[®] Custom Products/Systems

For NEW Ride Custom Cushion and Custom Back Providers

Supplier Name & Address		_		
Phone	Phone			
	tal scanner is only compatible with Apple® produ			
Item	iai scainier is only companible with Apple produ	Part Number	Quantity	Mfr. Sugg. Retail Price*
digitally capturing shapes for Ride® C Cushion, and Ride Custom Back. (Exisupgrade tools using the RideWorks Sl	Kit includes everything needed to begin ustom 2 Cushion, Ride Custom AccuSoft™ ting Ride Custom certified providers can nape Capture Upgrade Kit Order Form.)			
Complete Starter Kit including Kit includes: one Apple iPad, digital s carrying case, three cushion shape co bags with beads and hose, vacuum p and back shape capture bags, and p	SCSK1		<u>\$2000.00</u>	
brackets, three cushion shape capture	e app, digital scanner with charger and mounting bases, back and cushion shape capture bags t-valve, 5 each replacement outer cushion and nent marker.	SCSK2-NI		. \$1600.00
□ iPad (5th generation) □ iPad (6th generation) **If your iPad model is not listed, that includes the iPad to ensure of			Total: .	