

**Ride Designs**<sup>®</sup>

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

U.S.

### 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<sup>®</sup> 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 Name			Business Website		
DBA			Dunn & Bradstreet #		
Type of Business			Federal Tax #		
Years in Business 🗆 Sole	e Proprietor 🗅 Partner	ship 🗖 Corp 🗖 S-Corp 🗖 LLC	Publicly Traded Company? 🛛 Yes 🗖 No		
Incorporation Date	Incorporatio	on State	How did you learn about our company?		
Delivery Address					
City	State	Zip	May we have your permission to link our website to yours so that customers may view		
Delivery address is residential			authorized suppliers in your area? 🗖 Yes 🗖 No		
Business Address			Primary contact to receive status of application:		
City			Name/Title		
Billing Address			E-mail		
City			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

(Include credentials with names, e.g., ATS, ATP, CRTS)	NRRTS Member?
Name	🗆 Yes 🗅 No

On-Staff Rehab Specialist completing evalutions and delivering Ride Designs products:

\_\_ Mobile \_\_\_\_

Name/Title \_\_\_\_

Phone \_\_\_\_

E-mail \_

□ Yes, I would like to receive Ride Designs' monthly e-newsletter with helpful product information and important company announcements.

### (continued on next page)

### **Ride Designs Supplier Application: Custom Products/Systems**

Supplier Name \_\_\_\_\_

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

### 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	
For internal use only:			
Department/Role	Approver	Initials	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	Ship To	Details   Account #   P.O. #   Purchaser			
Phone					
Fax	Fax	Date			
NOTE: The RideWorks® app with digi	tal scanner is only compatible with Apple® produ	icts.			
ltem		Part Number	Quantity	Mfr. Sugg. Retail Price*	
digitally capturing shapes for Ride® C Cushion, and Ride Custom Back. (Exis upgrade tools using the RideWorks Sh	Kit includes everything needed to begin ustom 2 Cushion, Ride Custom AccuSoft™ ting Ride Custom certified providers can ape Capture Upgrade Kit Order Form.)			60000.00	
carrying case, three cushion shape co	canner with chargers and mounting brackets, pture bases, back and cushion shape capture ump, t-valve, 5 each replacement outer cushion	SCSK1		\$2000.00	
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	scsk2-NI		\$1600.00	
Indicate your existing iPac 9.7" iPad Pro 10.5" iPad Pro 11" iPad Pro 12.9" iPad Pro iPad Air iPad Air iPad Air (3rd generation) iPad mini 4 iPad mini 5 iPad (5th generation) iPad (6th generation)					
**If your iPad model is not listed, that includes the iPad to ensure c			Total: _		