

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.

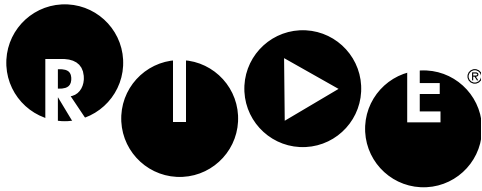
3. Starter Kit Order Form (Page 4)

- 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 _____

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 _____

Business 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

Primary contact to receive status of application:

Name/Title _____

E-mail _____

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

Name/President _____

Name/Title _____

Name/Title _____

► 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

Name _____ ☐ Yes ☐ No

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

Name/Title _____

Phone _____ Mobile _____

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.

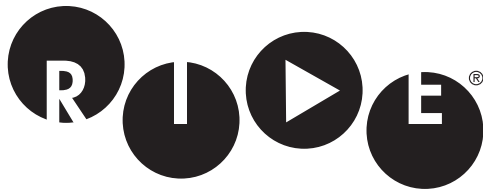
I, _____, am a certified officer for _____
to act on behalf of said company or corporation. The information on this application is submitted for the purpose of securing a supplier agreement from Aspen Seating/Ride Designs. I hereby certify that the information is true, correct, and complete to the best 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 _____	Phone _____	_____
Fax _____	Fax _____	Date _____

NOTE: The RideWorks® app with digital scanner is only compatible with Apple® products.

Item	Part Number	Quantity	Mfr. Sugg. Retail Price*
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Starter Kit Options

For new suppliers, the Custom Starter Kit includes everything needed to begin digitally capturing shapes for Ride® Custom 2 Cushion, Ride Custom AccuSoft™ Cushion, and Ride Custom Back. (Existing Ride Custom certified providers can upgrade tools using the RideWorks Shape Capture Upgrade Kit Order Form.)

Complete Starter Kit including iPad®

Kit includes: one Apple iPad, digital scanner with chargers and mounting brackets, carrying case, three cushion shape capture bases, back and cushion shape capture bags with beads and hose, vacuum pump, t-valve, 5 each replacement outer cushion and back shape capture bags, and permanent marker.

SCSK1 _____ \$2000.00

Already have an iPad?

Starter Kit — iPad not included

Kit includes: RideWorks shape capture app, digital scanner with charger and mounting brackets, three cushion shape capture bases, back and cushion shape capture bags with beads and hose, vacuum pump, t-valve, 5 each replacement outer cushion and back shape capture bags, and permanent marker.

SCSK2-NI _____ \$1600.00

Indicate your existing iPad model:**

- ☐ 9.7" iPad Pro
- ☐ 10.5" iPad Pro
- ☐ 11" iPad Pro
- ☐ 12.9" iPad Pro
- ☐ iPad Air
- ☐ iPad Air 2
- ☐ iPad Air (3rd generation)
- ☐ iPad mini 4
- ☐ iPad mini 5
- ☐ iPad (5th generation)
- ☐ iPad (6th generation)

**If your iPad model is not listed, please order the Starter Kit that includes the iPad to ensure compatibility with scanner.

Total: _____

Prices effective June 1, 2020.

*All prices are in U.S. dollars.

Apple and iPad are registered trademarks of Apple, Inc.

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Patents: www.ridedesigns.com/patents