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.
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 _________________________________________________________________

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  ☐ No  ☐

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 ________________________________

★ 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:

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

For NEW Ride Custom Cushion 2 and Custom Back Providers

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<tr>
<th>Supplier Name &amp; Address</th>
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Phone | | Phone | |
Fax | | Fax | |

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

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<tr>
<th>Item</th>
<th>Part Number</th>
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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 Cushion 2 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, medial-lateral measuring stick, one box of Ride
Gauges™, and permanent marker.

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, medial-lateral measuring stick, one box of Ride Gauges™,
and permanent marker.

**Indicate your existing iPad model:**
- 9.7" iPad Pro
- 12.9" iPad Pro
- iPad Air 2
- iPad Air
- iPad mini 2
- iPad mini 3
- iPad mini 4
- iPad (4th generation)
- iPad (5th generation)

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

*All prices are in U.S. dollars.
Apple and iPad are registered trademarks of Apple, Inc.