

All Applicants

**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, Standard Products/Systems

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### What you need to know

Thank you for your interest in Ride Designs' products. The following requirements have been established to become a Ride Designs Standard Products/Systems Supplier.

#### Each Supplier who wishes to be a provider of Ride Designs Standard 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.
- (U.S. Applicants Only) Each person employed by a supplier who desires to provide Ride Designs Standard 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.

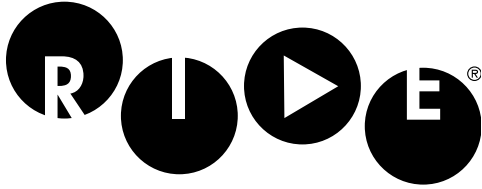
#### 1. Supplier Application (Pages 2-3)

- 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 Customer Care by mail or faxed to 303.781.1722.

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: Standard 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 Customer Care.

### ► Business Data

Business Name \_\_\_\_\_

Business Website \_\_\_\_\_

DBA \_\_\_\_\_

Dunn & Bradstreet # \_\_\_\_\_

Type of Business \_\_\_\_\_

Federal Tax # \_\_\_\_\_

Years in Business \_\_\_\_\_  Sole Proprietor  Partnership  Corp  S-Corp  LLC

Publicly Traded Company?  Yes  No

Incorporation Date \_\_\_\_\_ Incorporation 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 authorized suppliers in your area?  Yes  No

Delivery address is residential

Primary contact to receive status of application:

Business Address \_\_\_\_\_

Name/Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Billing Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/President \_\_\_\_\_

Accts. Payable Contact Person \_\_\_\_\_

Name/Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Title \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

### ► Company Profile

(Include credentials with names, e.g., ATS, ATP, CRTS)

NRRTS Member?

Name \_\_\_\_\_  Yes  No

On-Staff Rehab Specialist completing evaluations and delivering Ride Designs products:  
Name/Title \_\_\_\_\_

Name \_\_\_\_\_  Yes  No

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_  Yes  No

E-mail \_\_\_\_\_

Name \_\_\_\_\_  Yes  No

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)**

# Ride Designs Supplier Application: Standard 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			