NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Cushion 2 and Custom Back
Bundled Package Order Form

Client's First and Last Name* _____

☐ Ride Custom 2 Cushion (RCC200)
Shape provided via:
- ☐ RideWorks® Scan
- ☐ Impression Foam
- ☐ Evaluator Cushion

☐ Ride Custom Back (RCB200)
Shape provided via:
- ☐ RideWorks Scan
- ☐ Plaster Cast

Date of shape capture: _____

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____

Ride Certified Practitioner Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Ship to (if different from above)

NOTE: Ride Custom Systems must be fitted by a Ride Certified Provider and WILL NOT be drop shipped to end users.

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____

Continue on page 2

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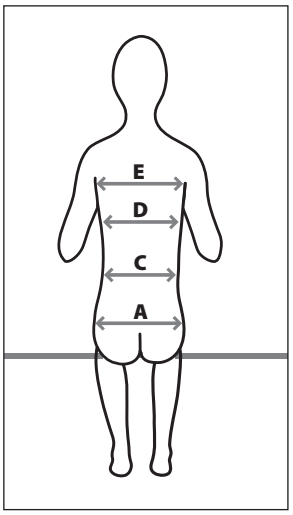
Client First and Last Name _____

Client Information

WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____



Client Measurements

A. Trochanters _____"

B. Leg length Left _____" Right _____"

C. Waist _____"

D. Mid-Thorax _____"

E. Axilla _____"

F. A-P Mid-Thorax _____"

G. Top of Iliac Crest _____"

H. Axilla height _____"

I. Top of shoulder _____"

J. Knee to heel _____"

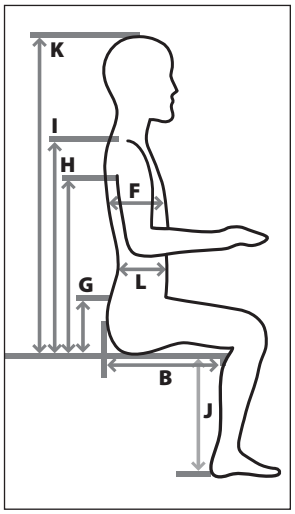
K. Top of head _____"

L. A-P abdomen _____"

Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com

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NOTE: Itemized order forms are available should that be your preference.

Ride® Custom 2 Cushion
Bundled Package Order Form

Client First and Last Name _____

Prices effective November 1, 2022

	Item	Part Number	Mfr. Sugg. Retail Price*	
☐	Ride Custom 2 Cushion - Bundled Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200-B01	$2778.00	

Shape Capture Process (please check one)

☐ Bead Bag
Indicate Shape Capture Base size used:
☐ Small (Blue) ☐ Medium (White)
☐ Large (Red) ☐ None

☐ Impression Foam Simulator
Size: ☐ Small ☐ Medium ☐ Large
If impression foam is sent to Ride Designs, a RideWorks scanning fee will apply. (Price not included in bundled package.)

☐ RideWorks Scanning Fee	RCC-FEE	$ 290.00	(Price not included in bundled package.)

☐ Scan of existing cushion (insert existing cushion measurements below)
Length L _____" R _____"
Rear width _____" Front width _____"
Height at the following corners:
Front L _____" Front R _____"
Rear L _____" Rear R _____"
Is the existing cushion used on a sling seat?
☐ Yes ☐ No

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

Photos and Scan

Using RideWorks? Use RideWorks app to:
☐ Photograph front and both sides of client during shape capture.
☐ Photograph captured shape.
☐ Scan captured shape.
☐ Take any and all additional photos that may help.

Not using RideWorks? Include:
☐ Photograph of front and side view of client during shape capture.
☐ Photograph of captured shape.

Continue on page 4

* All prices are in U.S. dollars.

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Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

The RCC200-B01 Bundled Package includes all of the following options

Foam Options

Item	Part Number
☐ Standard Foam (max. weight 250 lbs.)	RCC2-SF
☐ Firm Foam (max. weight 300 lbs.)	RCC2-FF
☐ Standard Foam with front cushion reinforcement	RCC2-SF-CR
☐ Firm Foam with front cushion reinforcement	RCC2-FF-CR

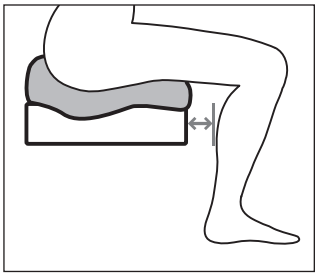
Cushion Width (Actual cushion width will be ½" less than specified.)

Item	Part Number
Standard ☐ 10" ☐ 11" ☐ 12" ☐ 13" ☐ 14" ☐ 15" ☐ 16" ☐ 17" ☐ 18" ☐ 19" ☐ 20"	RCC2-___ (width)
Extra large width ☐ 21" ☐ 22" ☐ 23" ☐ 24"	RCC2-W___ (width)
☐ Tapered width Back width _____" Front width _____"	RCC-CWTW

NOTE: For cushion widths greater than 24," please call for a quote.

Cushion Length (IMPORTANT: Specify cushion length relative to front of Shape Capture Base as shown.)

Measure from front of Shape Capture Base to establish cushion length.
Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

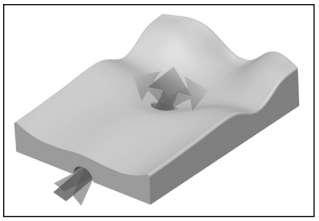


Item	Part Number
☐ Equal to Shape Capture Base length	RCC-CLAC
Symmetrical Length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC-CLSL
Asymmetrical Length LEFT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC-CLALL
RIGHT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" from Shape Capture Base length	RCC-CLALR

Missed this step? Indicate desired length of cushion on each side L _____" R _____"

Modifications

Item	Part Number
☐ 1" undercut	RCC-UC1
☐ Ventilation channel	RCC2-VC
☐ Bevel Cut Modification for sling seat	RCC-BC



Custom ventilation channel helps manage heat and moisture.

Continue on page 5

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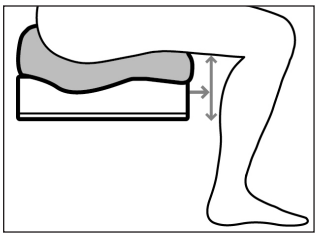
Sitting Height

Targeted final front cushion height (see diagrams at right)

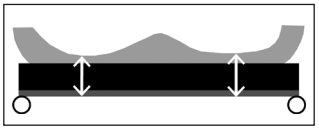
Height: L leg _____" R leg _____"

NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.

Item	Part Number
☐ As captured	RCC-SHAC
☐ Increase overall height _____"	RCC-SHIH
☐ As low as possible	RCC-SHDH



For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base up to the underside of the leg with the feet properly positioned on the footplate(s).



Determine targeted front of cushion height (front view).

Cushion Contour

Item	Part Number
☐ Off-load bony prominences Off-loads bony prominences and enhances loading of areas tolerant of pressure and shear for best skin protection, postural control and microclimate.	RCC2-OBP
☐ Reticulated foam well insert kit For gentle support to bony prominences and to maintain a high level of microclimate management. ⚠ONE SIZE: Must be trimmed in field to fit. Not compatible with Full Contact Option	RCC2-WI
☐ Full contact Cushion manufactured as captured (compromises air flow and microclimate management at bony prominences). ⚠WARNING: Full contact is not recommended for users at high risk of skin breakdown.	RCC-FC

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Thigh/Femoral Support

Item	Part Number
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.	
☐ As captured	RCC-MTAC
☐ Eliminate	RCC-MTE
☐ Increase _____" (maximum 3" total height)	RCC-MTI
☐ Decrease _____"	RCC-MTD
☐ Decrease as marked with line on Shape Capture Bag	RCC-MTM
Lateral Thigh Support	
LEFT	
☐ As captured	RCC-LTAC
☐ Eliminate	RCC-LTEL
☐ Increase _____" (maximum 3" total height)	RCC-LTIL
☐ Decrease _____"	RCC-LTDL
☐ Decrease as marked with line on Shape Capture Bag	RCC-LTML
RIGHT	
☐ As captured	RCC-LTAC
☐ Eliminate	RCC-LTER
☐ Increase _____" (maximum 3" total height)	RCC-LTIR
☐ Decrease_____"	RCC-LTDR
☐ Decrease as marked with line on Shape Capture Bag	RCC-LTMR

Covers

Item	Part Number
☐ One breathable spacer fabric zip cover included	
☐ Spandex layer over spacer fabric	RCC-SP
☐ Two-layer spacer fabric Soft Fit	RCC-EM2

Continue on page 7

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Custom Cushion Accessories/Items

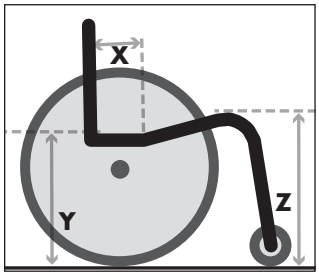
Item	Part Number
☐ Ride CAM® Wedge Kit**	RCC-WK
☐ 1" / 3cm Cushion Orientation Wedge	
☐ For 14" / 36cm cushion widths	RCC-OW-1414
☐ For 15" / 38cm and 16" / 41cm cushion width	RCC-OW-1616
☐ For 17" / 43cm and 18" / 46cm cushion widths	RCC-OW-1816
☐ For 19" / 48cm and 20" / 51cm cushion widths	RCC-OW-2016

Wedge to be used: (select one)
☐ Outside cover
☐ Inside cover
If inside cover, thick edge of the wedge to be placed:
☐ Back of cushion
☐ Front of cushion
☐ Left side of cushion
☐ Right side of cushion

Additional Options
Price not included in bundled package

Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Drop Seat Modification, 1" drop	RCC-WC003	$ 135.00
☐ Custom Mounting Platform ABS platform with indexing tabs to ensure correct placement of cushion on seat **(not compatible with bevel cut or drop seat modification)**	RCC-CMP	$ 428.00
☐ Ergo frame: provide measurement "X" ___ (see illustration at right) "Y" Rear seat to floor height ___ "Z" Front seat to floor height ___	RCC2-ERGO	$ 134.00



Ergo frame measurement needed.

Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Cross brace notches L _____" R _____" **(as measured from front of back canes to center of cross-brace)**	RCC-WC003CB	$ 86.00
☐ Front rigging notches _____" W x _____" D x _____" H	RCC-WCFR	$ 83.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable spacer fabric zip cover	RCC2-CBZA ___ (width)	$ 215.00
☐ Spandex layer over spacer fabric	RCC-SP	$ 81.00
☐ Two-layer spacer fabric Soft Fit	RCC-EM2	$ 148.00
☐ Outer incontinent resistant cover	RCC2-IC	$ 259.00
☐ Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC-INICA	$ 259.00

* All prices are in U.S. dollars.
** One size fits all. Trim in field for correct fit.

Continue on page 8

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Additional Options (continued)
Price not included in bundled package

Growth

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Growth Kit Provides for one growth adjustment, including a new cover, during two year warranty period. Width and/or length, and/or height only. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment. (This option requires shipping cushion to Ride Designs with RA.)	RCC2-DGK	$ 265.00

Total: _____

Special Instructions or Comments

NOTE: May affect price; call to request quote.

_____

_____

_____

_____

_____

_____

_____

_____

We offer a 90 day fit and function guarantee and a two year warranty for all our custom products. Details can be found on our website at www.ridedesigns.com.

* All prices are in U.S. dollars.

Ride Designs®
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NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Back
Bundled Package Order Form

Client First and Last Name _____

Prices effective November 1, 2022

▶ Shape capture method

Using RideWorks® app?
Before scanning, on the clear, outer shape capture bag (using a black permanent marker), draw trim lines and marks to draw the back as it should be manufactured, including:

- ☐ Arrow pointing upward, indicating top of back
- ☐ Soft relief areas to protect bony prominences
- ☐ Depth and height of the lateral trunk supports

Using plaster instead of RideWorks app?
Before shipping cast, allow to DRY for 48 hours, and complete the following:

- ☐ Order form (enclose copy in box with cast)

Mark cast with following information:

- ☐ Trim lines
- ☐ Arrow pointing upward indicating top of back
- ☐ Vertical line at approximate midline of wheelchair. Note: This may differ from client midline in the presence of severe postural asymmetry.
- ☐ Client first name and last initial (name should exactly match name on order form face sheet)
- ☐ Date
- ☐ Supplier/Vendor
- ☐ Supplier/Vendor representative name
- ☐ Therapist name

NOTE: Do not ship cast in a plastic bag.

If plaster is sent to Ride Designs, a RideWorks scanning fee of $290.00* will apply.

DID YOU SEND **PHOTOS?**

▶ Before transferring client from shape capture bag, please complete the following...

PHOTOS of client in shape capture bag: ☐ Front view ☐ Side view

- ☐ Included in RideWorks® client files
- ☐ Emailed to customerservice@ridedesigns.com, with client name and provider information
- ☐ Attached

Trim lines; establish and mark on clear, outer shape capture bag:

☐ Back height ☐ Lateral support depth and height ☐ Iliac crest height

Continue on page 10

* All prices are in U.S. dollars.

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Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price*
☐ **Ride Custom Back - Bundled** Medicare HCPCS Code E2617 Custom ventilated contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner or 2) AccuSoft™ foam liner; and spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB200 Bundle	$ 3663.00

Did you send a plaster back shape?

☐ RideWorks Scanning Fee (price not included in bundled package)	RCB2-FEE	$ 290.00

The RCB200 Bundled Package includes all of the following options

Ride Custom Back Width

Item	Part Number
☐ Trochanter width < 20"	RCB2-200R
☐ Trochanter width 21" - 24"	RCB2-200W

For trochanter widths greater than 24", please call for quote

Minimum back height requirements for headrest accessory use

Headrest Type	with Single Hardware	with Double Hardware
None	7"/0.178m	12"/0.330m
Universal Headrest Mounting Plate	11.5"/0.292m	18"/0.457m
Integrated Headrest/ Accessories Mount	9.5"/0.241m	15.5"/0.394m
Stealth	8.5"/0.216m	15"/0.381m

NOTE: Measure back height from top trimline to bottom trimline.

Continue on page 11

* All prices are in U.S. dollars.

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Ride Custom Back Hardware and Mounting - First Set

Item	Part Number

Ride FlexLoc® Hardware

NOTE: Sections a, b, and c **MUST** have a selection.

Ride FlexLoc Hardware

a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc hardware with Ride FlexLoc Adapter Plates and Direct Backrest Frame for Permobil or Aftermarket Back Interface from Quantum.

*WARNING! Two (2) sets of FlexLoc hardware are required if the client presents with any of the following:

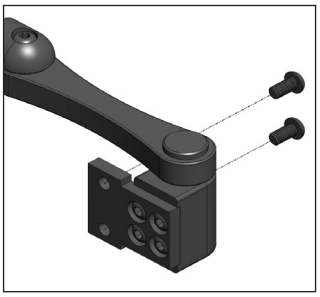
- Weight exceeds 250 pounds
- Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

☐ First Set of Hardware (First set is included in the bundled price. If two sets of hardware are needed, select the second set on page 13.)

☐ Small, mounting distance 10 - 14"	RCB2-**FL-MS**
☐ Medium, mounting distance 15 - 18"	RCB2-**FL-MM**
☐ Large, mounting distance 19 - 21"	RCB2-**FL-ML**
☐ X-Large, mounting distance 22 - 24"	RCB2-**FL-MX**
☐ Omit hardware	**RCB2-200R-0**

b. Select Mounting for first set of hardware:

☐ Clamp Mount for round back canes	RCB2-**FL-MCI**
☐ FlexLoc Adapter Plate For mounting to wheelchairs without round back canes, e.g. Permobil 3G, Invacare Tilt and Recline, or general surface mounting to existing back pans. This option replaces Cane Clamps.	RCB2-**FL-MCI-P1**


Adapter Plate

c. Select Attachment for first set of hardware:

☐ Fixed, non-removeable	RCB2-**FL-FMI**
☐ Quick Release Option	RCB2-**FL-QR**

Quick Release Option

NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.

Continue on page 12

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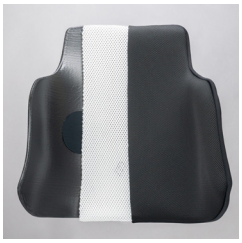
Foam Options

Item	Part Number
☐ Ultra-breathable 3D mesh liner	RCB2-SML
☐ AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB2-FS
For AccuSoft foam liner option, select one cover:	
☐ Spacer fabric cover	RCB2-SFC
☐ Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB2-IC



Ultra-breathable foam liner

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
☐ Soft Fit (for use with ultra-breathable 3D mesh liner option only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction. ☐ Complete back (including laterals) ☐ Center only (excludes laterals)	RCB2-SF
Extended depth lateral thoracic support ☐ Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L
☐ Extend RIGHT lateral thoracic support _____" forward of reference line. — Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-EDLTS-R
☐ Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes. — Draw desired location(s) and shape of relief on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-ERFP
Extended height lateral thoracic support ☐ Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L
☐ Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R
Extended back height ☐ Extend back height _____" above reference line. — Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-EBH

AccuSoft foam liner

Continue on page 13

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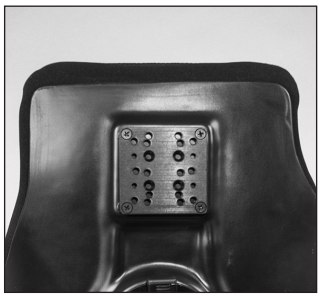
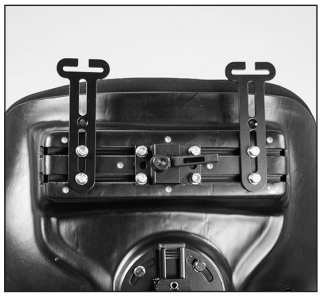
Accessories

Item	Part Number
☐ Universal headrest mounting plate, installed Note: Will be installed midline, top of back, unless otherwise marked on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-UHMP
☐ Integrated headrest/accessories mount	RCB2-AM
☐ Shoulder harness guides, pair, loose	RCB2-SHG
☐ Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-SHGI



Universal Headrest Mounting Plate.



Integrated Headrest/Accessories Mount with Shoulder Harness Guides and headrest mount installed.

Additional Options
Price not included in bundled package

Additional Hardware and Mounting Options

Item	Part Number	Mfr. Sugg. Retail Price*
Ride FlexLoc® Hardware - Second Set		
a. Select Size:		
NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc hardware with Ride FlexLoc Adapter Plates and Direct Backrest Frame for Permobil or Aftermarket Back Interface from Quantum.		
*WARNING! Two (2) sets of FlexLoc hardware are required if the client presents with any of the following: • Weight exceeds 250 pounds • Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28” • Severe extensor tone, spasticity, etc.		
☐ Second Set of FlexLoc Hardware		
☐ Small, mounting distance 10 - 14”	RCB2-FL-MS	$ 561.00
☐ Medium, mounting distance 15 - 18”	RCB2-FL-MM	$ 561.00
☐ Large, mounting distance 19 - 21”	RCB2-FL-ML	$ 561.00
☐ X-Large, mounting distance 22 - 24”	RCB2-FL-MX	$ 561.00
b. Select Mounting for second set of hardware:		
☐ Clamp Mount for round back canes	RCB2-FL-MCI	$ 0.00
☐ Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	RCB2-FL-MC	$ 226.00
☐ FlexLoc Adapter Plate For mounting to wheelchairs without round back canes, e.g. Permobil 3G, Invacare Tilt and Recline, or general surface mounting to existing back pans. This option replaces Cane Clamps.	RCB2-FL-MCI-P1	$ 0.00
c. Select Attachment type for second set of hardware:		
☐ Fixed, non-removable	RCB2-FL-FMI	$ 0.00
☐ Quick Release Option	RCB2-FL-QR	$ 92.00

PHOTOS??
JUST CHECKING.

Continue on page 14

* All prices are in U.S. dollars.

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Additional Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
☐ Left	RCB2-ASP-L	$ 197.00
☐ Right	RCB2-ASP-R	$ 197.00
☐ Vertical back reinforcement	RCB2-RBS	$ 316.00
☐ External reinforced lateral thoracic supports	RCB2-RLTS	$ 428.00

Note: If the lateral reinforcement bar has been ordered previously to make modifications to back width without using heat, please be advised this method of modifying back width is not possible with the 3D printed Custom Back. Width modifications will need to be made by heating the back shell and flaring or narrowing it.

Additional accessories

Item	Part Number	Mfr. Sugg. Retail Price*
Privacy flap Covers gap between cushion and back support. **Size**		
☐ Small — fits wheelchair widths less than 14"	RCB2-PFS	$ 147.00
☐ Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	$ 147.00
☐ Large — fits wheelchair widths 18" and larger	RCB2-PFL	$ 147.00

Privacy flap covers the space between the cushion and back support.

Abdominal support panel

Instructions:

1. Before removing client from back shape capture bag, mark height of each ASIS on clear, outer bag.
2. Measure up from this mark to establish desired height of abdominal panel needed.
3. Ride Designs will install the abdominal panel for you to meet these specifications.

Size		
☐ Small — height 4" (two straps) Measurement around abdomen _____"	RCB2-AP-4	$ 388.00
☐ Medium — height 6" (three straps) Measurement around abdomen _____"	RCB2-AP-6	$ 388.00
☐ Large — height 8" (three straps) Measurement around abdomen _____"	RCB2-AP-8	$ 388.00

Abdominal Support Panel.

Continue on page 15

* All prices are in U.S. dollars.

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Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable cover	RCB2-SFCA	$ 365.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 365.00

Growth

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Growth Kit Provides for one growth adjustment, including a new cover, during two year warranty period. Width and/or height only. Changes in spinal alignment and body shape can not be accommodated through growth adjustment.	RCB2-DGK	$ 487.00

Total: _____

Special Instructions or Comments

NOTE: May affect price; call to request quote.

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We offer a 90 day fit and function guarantee and a two year warranty for all our custom products. Details can be found on our website at www.ridedesigns.com.

PHOTOS??
THEY MUST BE HERE SOMEWHERE.

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