



Account Administrator Authorization

The person(s) signing below warrant that they have authority to bind the Corporation.

Full Legal Name of The  
Corporation:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/Province:

\_\_\_\_\_

I authorize \_\_\_\_\_, title \_\_\_\_\_ as  
account administrator, with the power to add and remove drivers, make inquiries on the account,  
and to act as go to person for communicating with AutoShare. Their contact information is as  
follows:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized by:

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_