



MasterCard Collision Damage Waiver

I, _____ am member # _____ in AutoShare – Car Sharing Network Inc. (AutoShare), and wish to DECLINE the Collision Damage Waiver (CDW) Insurance provided to me when I drive AutoShare vehicles, because I have a Citi Platinum MasterCard, Gold/Platinum Capital One MasterCard, Gold/Platinum MBNA MasterCard or Bank of Montreal Mosaik MasterCard (with Mosaik Travel Protection) eligible for CDW insurance benefits).

I understand that it is my responsibility to ensure that my MasterCard noted below is eligible for the MasterCard CDW. I also understand it is my responsibility to ensure that I have reviewed and understood the full CDW insurance coverage details and exemptions as listed in my Cardmember Agreement or Certificate of Insurance.

I understand that I will:

- retain Third Party Liability, Personal Injury, Damage to Property and other insurance provided to AutoShare members
- pay my full AutoShare monthly invoice, and any related charges or fines, with my MasterCard noted below
- be responsible for all damage to the vehicle(s) that I am renting from AutoShare (to be charged to my MasterCard, and reimbursed as eligible through MasterCard’s CDW Insurance).
- assign AutoShare the right to make any claims on my behalf (and make myself available to answer inquiries arising from any claim process)

I understand and agree that I will always receive an invoice each month by mail or email and that AutoShare may contact me at anytime to arrange immediate payments if my account (including the current month) exceeds \$250. AutoShare may amend the Payment Due Date at any time with one weeks notice.

I hereby authorize AutoShare to charge my monthly Invoice and any other charges or fees that I incur to my MasterCard each month.

_____	_____	_____
MasterCard number	Expiry Date	Name on Card

MasterCard Issuer (name of Bank)

_____	_____
Signature	Date