



Carrier Invoice Audit Form

1. Please complete all information in the form below. (Fill in cells on your computer or print and fill out by hand.)
2. Please include **2 recent invoices (copies of main payment page only) for each account number** (per each carrier). Please make sure the invoice shows your company's name, account number, billing name, and billing address for each account so all credits are properly applied.
3. Save and email form to **paulc@mtcrecovery.com** or fax to **810-885-0703**.

Company Name	
Contact Name	
Address1	
Address 2	
City, State, Zip	
Contact Phone	
Contact Fax	
Contact Email	

Carrier #1	
Client Representative	
Client Rep Phone Number	
Client Rep Email	
*Website Login Username	
*Website Login Password	

Carrier #2	
Client Representative	
Client Rep Phone Number	
Client Rep Email	
*Website Login Username	
*Website Login Password	

*If applicable