



Open your irptestng account

1 Client informations

Invoice to

Name	
EMAIL	
Organisation/Poste	
Adress	
City / Province	
Postal Code	
Phone number	

2 Billing informations

Visa	MasterCard	Card number	
Name on the card		Expiration (MM/AA)	Security code
Signature			

Transmit the order

Return by **fax** to: 514.382.3007 or 1-888.382.3007

Or by **email** to: info@irpcanada.com

For further information or questions please contact us at: 514.382.3000

