



TEMBEC PAPER GROUP TRIAL FORM

Customer Name and Address

First Name: _____

Last Name: _____

Title: _____

Email: _____

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Please comment on the product characteristics and performance on press:

Required Documents/Samples

- Trial Invoice
- Printed Samples

Mail To:

Tembec Paperboard Group
Sample Department
800 Rene-Levesque Blvd. W, Suite 1050
Montreal, QC
Canada
H3B 1X9

1 800 411-7011
www.kallima.com
