



**Rayonier A.M. Canada G.P. – Paperboard - PAPER TRIAL FORM**

**Customer Name and Address**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province / State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Please comment on the product characteristics and performance on press:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Documents/Samples**

Trial Invoice

Printed Samples

**Mail To:**

Rayonier A.M. Canada G.P. – Paperboard  
Sample Department  
4 Place Ville-Marie, Suite 100  
Montreal, QC  
Canada  
H3B 2E7

**1 800 411-7011**  
**[kallimapaper.com](http://kallimapaper.com)**