

Sheet1

IDCODE,C,12 CLIENTID,C,6 NAME,C,35 DEPT,C,15 ADDRESS1,C,25 ADDRESS2,C,25

Sheet1

CITY,C,15 STATE,C,2 ZIP,C,10 CONTACT1,C,25 CONTACT2,C,25 PHONE1,C,13 EXT1,C,5

Sheet1

PHONE2,C,13 EXT2,C,5 FAX,C,13 STATUS,C,1 CODE,C,3 TYPE,C,3 BALANCE,N,10,2

Sheet1

CREDIT,N,10,2 PERIODEND,N,10,2 YTDPAID,N,10,2 YTDBILLED,N,10,2 NOTES,M INFO,C,50

FINCHG,C,1 SIGNATURE,N,2,0