

Sheet1

IDCODE,C,12	CLIENTID,C,6	NAME,C,35	DEPT,C,15	ADDRESS1,C,25	ADDRESS2,C,25	CITY,C,15
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Sheet1

STATE,C,2 ZIP,C,10 CONTACT1,C,25 CONTACT2,C,25 PHONE1,C,13 EXT1,C,5 PHONE2,C,13

Sheet1

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

Sheet1

PERIODEND,N,10,2 YTDPAID,N,10,2 YTDBILLED,N,10,2 NOTES,M INFO,C,50 FINCHG,C,1

SIGNATURE,N,2,0