

Sheet1

NAME,C,32	COMPANY,C,32	ADDRESS,C,32	ZIP,C,10	CITY,C,20	STA
Your Customer	Their Big Company Name	Their Billing Address	12345-6789	Somewhere	MI

Sheet1

COUNTRY,C,	HOME_PHONE	WORK_PHONE	FAX,C,12	TAX1	TAX2	EXEMPT_NO	TE	TERNET	DIS	FO
	123-456-7890	123-456-7890	123-456-7890	4.00	0.00		6	10	30	0 1
				0.00	0.00		0	0	0	0 0

Sheet1

DEBITS,	MCREDITS	MAX_N_30,	N_60,	N_90,	N_90_OVER	LAST_5DATT	NCOLW/NOTES,	M	ENTERED,	D		
2028.52	2063.32	0.00	0.00	0.00	0.00	0.00	0.00	###	0	0	3	3###
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0	0	0	0###