

Sheet1

IDCODE,C,12 CLIENTID,C,6 NAME,C,35 DEPT,C,20 ADDRESS1,C,25 ADDRESS2,C,25 CITY,C,18

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