

Sheet1

COMPANY,C,40	ADDRESS1,C,40	ADDRESS2,C,40	CITY,C,20	STA
Sysop or BBS Name	111 Your Street	222 Your P.O. Box	Anytown	NJ
Vender Number 1	Their Street	Line 2	Theircity	NJ
Fun Factory Vendor	Their Street	Their Box	Please Register!	NJ
Giftware Vendor	This Information Provided	In Registered Version	No Typing Required	NJ

Sheet1

ZIP,C,10	COUNACCOUNT,C,18	BILLTO,EXP,D	ABBRIEVMETHOD,CSHIPVI/
08000-0000	USA MERCHANT ACCOUNT	SAME	SYSOP ACCOUN UPS
08000-0000	USA 1000000000	SAME	MAGAZ USPS
08000-0000	USA		FUNFA UPS
08000	USA 000000000000		GIFTW ACCT UPS

Sheet1

PHONE,C,15	FAX,C,15	MINSHILABEL,C,1
(609) 555-0000	(609) 555-1111	0 0Y
		0 0N
555-3333		0 0n
555-4444		20 10Y