

Sheet1

FLDNAME,C,50	FLDFLDLIFLDNUM,N,2,0		
COMPANY *****	35	6 X	1
COMPANY ADDRESS *****	2	0 X	2
COMPANY CITY *****	4	0 X	3
COMPANY ST	5	0 X	4
COMPANY ZIP	9	14 X	5
COMP PHONE *	90	29 X	6
CUSTOMER M !!!!!!!!!!!!!!!	19	0	7
CUSTOMER M ADDRESS !!!!!!!!!!!!!!!	7	29	8
CUSTOMER M CITY !!!!!!!!!!!!!!!	8	29	9
CUSTOMER M ST !	9	29	10
CUSTOMER M ZIP!	10	29	11
CUST M PHONE !	11	29	12
CUST M ATTENT !	12	29	13
CUSTOMER S -----	6	42	14
CUSTOMER S ADDRESS -----	7	42	15
CUSTOMER S CITY -----	8	42	16
CUSTOMER S ST -	9	42	17
CUSTOMER S ZIP-	10	42	18
CUSTOMER S PHONE -	11	42	19
CUSTOMER S ATTENT -	12	42	20
INVOICE #	6	64	21
DATE dddddd	7	64	22
ORDER # oooo	8	64	23
TERMS ttttt	9	64	24
SALESMAN ssssss	10	64	25
CHECK # cccccc	11	64	26
DATE PAID	12	64	27
SHIP DATE	13	64	28
SHIP VIA	14	64	29
QTY XXXXX	15	64	30
DESCRIPTION	16	64	31
PRICE	17	64	32
AMOUNT	18	64	33
COMMENT	19	64	34
SUB TTL	20	64	35
FREIGHT	21	64	36
TAX	22	64	37
TOTAL	6	72	38