

Sheet1

FIELDNAME,C,20	TYPE,C,7	RE/CHOICEDBF,CCHCHBRANCH,N,3,COLOR,C,10	COLORINPUT
Primary ID	PID	N	0 0
Secondary ID	SID	N	0 0
Contact Name	NAME		0 0
Company Name		S	0 0
Address 1		S	0 0
Address 2		S	0 0
City		S	0 0
State		S	0 0
Zip Code		S	0 0
Country		S	0 0
Voice Telephone		O	0 0
Fax Number		O	0 0
Last Called	SKIP		0 0
Call Date and Time	DTIME		0 0
Type of Return Call	CHOICE	D MBPRO.RET	0 0
Referred By	CHOICE	D MBPRO.REF	0 0
Representative	DEFAULT		0 0
Product Info Request	CHOICE	D MBPRO.PRO	0 0
Sales Contact	NAME		0 0
Bulletin Board #		S	0 0
Credit Card	SKIP		0 0
Other Information			0 0
Processing Code	DEFAULT		0 0

EVALUATIONSECLEVEL,N,5,0