

Sheet1

CLIENT,C,10 NAME,C,30 ADDRESS1,C,30 ADDRESS2,C,30 CITY,C,20 STATE,C,4 ZIP,C,10

Sheet1

PHONE1,C,13 PHONE2,C,13 DUEDEAYS,N,3,0 LASTPAY,D LASTPUR,D TOTBALAN,N,11,2

COMMENTS,C,40