

Sheet1

CUSTOMER\_N,C,5 LAST\_NAME,C,30 FIRST\_NAME,C,30 ADDRESS1,C,20 ADDRESS2,C,20

Sheet1

CITY,C,20 STATE\_PROV,C,20 ZIP\_POSTAL,C,10 COUNTRY,C,20 PHONE,C,10 FAX,C,10

CONT\_DATE,D NOTES,M