FIELDNAME,C,20	TYPE,C,7	RE	CHOICE	DBF,CCHCH	BRANCH,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