

Sheet1

NAME,C,32	COMPANY,C,32	ADDRESS,C,32	ZIP,C,10	CITY,C,20	STA
Your Customer	Their Big Company Name	Their Billing Address	12345-6789	Somewhere	MI

Sheet1

COUNTRY,C,	HOME_PHONE	WORK_PHONE	FAX,C,12	TAX1	TAX2	EXEMPT_NO	TE	TERNET	DIS	FO
	123-456-7890	123-456-7890	123-456-7890	4.00	0.00		6	10	30	0 1
				0.00	0.00		0	0	0	0 0

Sheet1

DEBIT	CRED	MAX_N_30	N_60	N_90	N_90_OVER	LAST_SALE	IDAYS2PAY	NTTINCOLW	NOTES	M
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0	0###
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0	0###

ENTERED,D