Accounts Receivable Information
File Format

- * Account Number
- * Account Name
- Additional Name
- * Street Address
- Additional Address
- * City
- * State
- * Zip Code
- * Telephone Number
- Customer SIC Code
- Years Customer
- Business Terms
- Last Sale / Activity Date
- * Balance
- * Current
- * Thirty
- * Sixty
- * Ninety
- * Over Ninety

*** REQUIRED FIELD**

Please utilize as many of the fields as possible. Please submit aging as an ASCII comma delimited file. If possible please include headings with the file.

If you prefer, you may submit your aging information to us the following e-mail address: dataprocessing@commandcredit.net

If mailing please address to:

Command Credit Corp
208 Main St. 2nd Floor
Milford, MA 01757

Attention: Data Processing