Assignment 4

Source code:

<!DOCTYPE html>

<html >

<head>

    <meta charset="UTF-8">

    <meta name="viewport" content="width=device-width, initial-scale=1.0">

    <title>form box</title>

    <style>

body {

    background-color:cadetblue;

      font-family: 'Franklin Gothic Medium', 'Arial Narrow', Arial, sans-serif;

    }

    table {

      width: 100%;

      border-style: double;

    }

    th, td {

      padding:5px;

    }

    th {

      text-align: left;

    }

    input[type="text"], input[type="tel"], input[type="email"], input[type="textarea"], select {

      width: 70%;

      padding: 20px;

    }

    input[type="submit"] {

      background-color: #020302;

      color: white;

      padding: 20px;

      border: none;

      text-align: center;

    }

    </style>

</head>

<body>

    <form>

        <p>contact</p>

        <table>

        <tr>

            <th> name:</th>

            <td><input type="text" id="text" name="name" required></td>

        </tr>

        <tr>

            <th> address</th>

            <td><input type="textarea" rows="20" cols="40" id="text" name="address" required></td>

        </tr>

        <tr>

            <th>telephone number</th>

            <td><input type="tel" id="no" name="telephone number" required></td>

        </tr>

        <tr>

            <th>email</th>

            <td><input type="email" id="email" name="email" required></td>

        </tr>

        </table>

        <table>

        <p>product details</p>

        <tr>

            <th>product name</th>

          <th> product number</th>

          <th>product quantity</th>

          <th>price</th>

        </tr>

        <tr>

        <td>The EconoBox </td>

        <td>01</td>

        <td><input type="number" name="EconoBox"></td>

        <td>R5</td>

       </tr>

       <tr>

        <td>The Standard box</td>

        <td>02</td>

        <td><input type="number" name="standardBox"></td>

        <td>R10</td>

       </tr>

       <tr>

        <td>the premium Box </td>

        <td>03</td>

        <td><input type="number" name="premiumbox"></td>

        <td>R15</td>

       </tr>

       <tr>

        <td>The Deluxe Box </td>

        <td>04</td>

        <td><input type="number" name="Deluxebox"></td>

        <td>R20</td>

       </tr>

       <tr>

        <td>The super Deluxe Box </td>

        <td>05</td>

        <td><input type="number" name="superdeluxeBox"></td>

        <td>R30</td>

       </tr>

        </table>

        <table>

       <p>method of payment</p>

       <tr>

        <th>Credit Card Type:</th>

        <td>

          <select name="credit\_card\_type" required>

            <option value="">Select Card Type</option>

            <option value="Visa">Visa</option>

            <option value="MasterCard">MasterCard</option>

            <option value="American Express">American Express</option>

          </select>

        </td>

      </tr>

      <tr>

        <th>Card Number:</th>

        <td><input type="text" name="card\_number" required></td>

      </tr>

      <tr>

        <th>Expiry Date:</th>

        <td><input type="text" name="expiry\_date" placeholder="MM/YYYY" required></td>

    </tr>

        </table>

        <table>

            <th>Billing address</th>

            <tr>

                <th>Billing Address:</th>

                <td><input type="text" name="billing\_address" required></td>

              </tr>

              <tr>

                <th>Delivery Address:</th>

                <td><input type="text" name="delivery\_address" required></td>

              </tr>

        </table>

        <input type="submit" value="Place Order">

    </form>

</body>

</html>

Output



