<!DOCTYPE html>

<html>

<head>

<title>Register Account</title>

<style>

Body {

Font-family: Arial, sans-serif;

}

Form {

Width: 400px;

Margin: 20px auto;

}

.form-group {

Margin-bottom: 10px;

}

.form-group label {

Display: block;

Margin-bottom: 5px;

}

.form-group input, .form-group select {

Width: 100%;

Padding: 5px;

}

.error, .format {

Display: none;

Color: red;

Font-size: 12px;

}

.form-group:hover .error,

.form-group:hover .format {

Display: block;

}

</style>

</head>

<body>

<form>

<div class=”form-group”>

<label for=”fullName”>Full Name:</label>

<input type=”text” id=”fullName” name=”fullName” required>

<span class=”error”>User name must be at least 4 characters</span>

</div>

<div class=”form-group”>

<label for=”password”>Password:</label>

<input type=”password” id=”password” name=”password” required>

<span class=”error”>Password must be at least 4 characters</span>

</div>

<div class=”form-group”>

<label for=”confirmPassword”>Confirm Password:</label>

<input type=”password” id=”confirmPassword” name=”confirmPassword” required>

<span class=”error”>Passwords do not match</span>

</div>

<div class=”form-group”>

<label for=”email”>Email:</label>

<input type=”email” id=”email” name=”email” required>

<span class=”error”>Invalid email format</span>

<span class=”format”>Format: [john@gmail.com</span](mailto:john@gmail.com%3c/span)>

</div>

<div class=”form-group”>

<label for=”phone”>Phone Number:</label>

<input type=”tel” id=”phone” name=”phone” required>

<span class=”error”>Invalid phone number</span>

<span class=”format”>Format: 0XXX-XXX-XXX</span>

</div>

<div class=”form-group”>

<label for=”zipCode”>Zip Code:</label>

<input type=”text” id=”zipCode” name=”zipCode” required>

<span class=”error”>Invalid Zip Code</span>

<span class=”format”>Format: Use 5 or 9 digits Zip Code</span>

</div>

<div class=”form-group”>

<label for=”cardType”>Card Type:</label>

<select id=”cardType” name=”cardType” required>

<option value=”visa”>Visa</option>

<option value=”mastercard”>Mastercard</option>

</select>

</div>

<div class=”form-group”>

<label for=”cardNumber”>Card Number:</label>

<input type=”text” id=”cardNumber” name=”cardNumber” required>

<span class=”error”>Invalid card number format</span>

<span class=”format”>Format: 1111-2222-3333-4444</span>

</div>

<div class=”form-group”>

<label for=”expirationDate”>Expiration Date:</label>

<input type=”date” id=”expirationDate” name=”expirationDate” required>

<span class=”error”>Invalid date format</span>

<span class=”format”>Format: YYYY-MM-DD</span>

</div>

<button type=”submit”>Register</button>

<button type=”reset”>Clear Form</button>

</form>

</body>

</html>