|  |  |
| --- | --- |
| **Team ID** | PNT2022TMID36073 |

**Agent Login Page**

**login.html**

<div class="container">

<form class="well form-horizontal" action=" " method="post"

id="contact\_form">

<fieldset>

<!-- Form Name -->

<legend>AGENT LOGIN PAGE</legend>

<!-- Text input-->

<div class="form-group">

<label class="col-md-4 control-label">First Name</label>

<div class="col-md-4 inputGroupContainer">

<div class="input-group">

<span class="input-group-addon"><i class="glyphiconglyphicon-

user"></i></span>

<input name="first\_name" placeholder="First Name" class="form-control"

type="text">

</div>

</div>

</div>

<!-- Text input-->

<div class="form-group">

<label class="col-md-4 control-label">Last Name</label>

<div class="col-md-4 inputGroupContainer">

<div class="input-group">

<span class="input-group-addon"><i class="glyphiconglyphicon-

user"></i></span>

<input name="last\_name" placeholder="Last Name" class="form-control"

type="text">

</div>

</div>

</div>

<!-- Text input-->

<div class="form-group">

<label class="col-md-4 control-label">E-Mail</label>

<div class="col-md-4 inputGroupContainer">

<div class="input-group">

<span class="input-group-addon"><i class="glyphiconglyphicon-

envelope"></i></span>

<input name="email" placeholder="E-Mail Address" class="form-control"

type="text">

</div>

</div>

</div>

<!-- Text input-->

<div class="form-group">

<label class="col-md-4 control-label">Password</label>

<div class="col-md-4 inputGroupContainer">

<div class="input-group">

<span class="input-group-addon"><i class="glyphiconglyphicon-

earphone"></i></span>

<input name="phone" placeholder="................" class="form-control"

type="text">

</div>

</div>

</div>

<!-- Select Basic -->

<div class="form-group">

<label class="col-md-4 control-label">country</label>

<div class="col-md-4 selectContainer">

<div class="input-group">

<span class="input-group-addon"><i class="glyphiconglyphicon-

list"></i></span>

<select name="state" class="form-control selectpicker">

<option value=" ">Please select your country</option>

<option>Alabama</option>

<option>Alaska</option>

<option>Arizona</option>

<option>Arkansas</option>

<option>California</option>

<option>Colorado</option>

<option>Connecticut</option>

<option>Delaware</option>

<option>District of Columbia</option>

<option> Florida</option>

<option>Georgia</option>

<option>Hawaii</option>

<option>daho</option>

<option>Illinois</option>

<option>India</option>

<option>Iowa</option>

<option> Kansas</option>

<option>Kentucky</option>

<option>Louisiana</option>

<option>Maine</option>

<option>Maryland</option>

<option> Mass</option>

<option>Michigan</option>

<option>Minnesota</option>

<option>Mississippi</option>

<option>Missouri</option>

<option>Montana</option>

<option>Nebraska</option>

<option>Nevada</option>

<option>New Hampshire</option>

<option>New Jersey</option>

<option>New Mexico</option>

<option>New York</option>

<option>North Carolina</option>

<option>North Dakota</option>

<option>Ohio</option>

<option>Oklahoma</option>

<option>Oregon</option>

<option>Pennsylvania</option>

<option>Rhode Island</option>

<option>South Carolina</option>

<option>South Dakota</option>

<option>Tennessee</option>

<option>Texas</option>

<option>Uttah</option>

<option>Vermont</option>

<option>Virginia</option>

<option>Washington</option>

<option>West Virginia</option>

<option>Wisconsin</option>

<option>Wyoming</option>

</select>

</div>

</div>

</div>

<!-- Text input-->

<div class="form-group">

<label class="col-md-4 control-label">Pin Code</label>

<div class="col-md-4 inputGroupContainer">

<div class="input-group">

<span class="input-group-addon"><i class="glyphiconglyphicon-

home"></i></span>

<input name="zip" placeholder="Zip Code" class="form-control" type="text">

</div>

</div>

</div>

<!-- radio checks -->

<div class="form-group">

<label class="col-md-4 control-label">Do you have speaking

customer?</label>

<div class="col-md-4">

<div class="radio">

<label>

<input type="radio" name="hosting" value="yes" /> Yes

</label>

</div>

<div class="radio">

<label>

<input type="radio" name="hosting" value="no" /> No

</label>

</div>

</div>

</div>

<!-- Text area -->

<div class="form-group">

<label class="col-md-4 control-label">ASSIGN TICKETS BY

ADMIN</label>

<div class="col-md-4 inputGroupContainer">

<div class="input-group">

<span class="input-group-addon"><i class="glyphiconglyphicon-

pencil"></i></span>

<textarea class="form-control" name="comment"

placeholder="Tickets"></textarea>

</div>

</div>

</div>

<!-- Success message -->

<div class="alert alert-success" role="alert" id="success\_message">Success <i

class="glyphiconglyphicon-thumbs-up"></i>Next.</div>

<!-- Button -->

<div class="form-group">

<label class="col-md-4 control-label"></label>

<div class="col-md-4">

<button type="submit" class="btnbtn-warning">proceed

<span class="glyphiconglyphicon-send"></span></button>

</div>

</div>

</fieldset>

</form>

</div>

</div><!-- /.container -->