Sign in

Expanded HTML5 Form

Html   Copy

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Grocery Order Form</title>
    <style>
        body {
            font-family: Arial, sans-serif;
            margin: 20px;
            background-color: #f5f5f5;
        }
        .form-group {
            margin-bottom: 15px;
        }
        label {
            display: block;
            margin-bottom: 5px;
            font-weight: bold;
        }
        input[type="text"], input[type="email"], input[type="tel"], input[ty
            width: 100%;
            padding: 8px;
            box-sizing: border-box;
        }
        textarea {
            resize: vertical;
        }
        .button-group {
            margin-top: 20px;
        }
        .checkbox-group, .radio-group {
            display: flex;
            flex-direction: column;
        }
    </style>
</head>
<body>
    <h1>Grocery Order Form</h1>
    <form action="/submit-grocery-order" method="post">
        <!-- User Details -->
        <div class="form-group">
            <label for="name">Full Name:</label>
            <input type="text" id="name" name="name" required>
        </div>
        <div class="form-group">
            <label for="email">Email Address:</label>
            <input type="email" id="email" name="email" required>
        </div>
        <div class="form-group">
            <label for="phone">Phone Number:</label>
            <input type="tel" id="phone" name="phone" required>
        </div>
        <div class="form-group">
            <label for="address">Delivery Address:</label>
            <textarea id="address" name="address" rows="4" required></textar
        </div>

        <!-- Delivery Date -->
        <div class="form-group">
            <label for="delivery-date">Preferred Delivery Date:</label>
            <input type="date" id="delivery-date" name="delivery-date" requi
        </div>

        <!-- Delivery Type -->
        <div class="form-group">
            <label>Delivery Type:</label>
            <div class="radio-group">
                <label>
                    <input type="radio" name="delivery-type" value="standard
                </label>
                <label>
                    <input type="radio" name="delivery-type" value="express"
                </label>
            </div>
        </div>

        <!-- Grocery List -->
        <div class="form-group">
            <label for="grocery">Select Grocery Items:</label>
            <select id="grocery" name="grocery[]" multiple required>
                <option value="milk">Milk</option>
                <option value="bread">Bread</option>
                <option value="eggs">Eggs</option>
                <option value="fruits">Fruits</option>
                <option value="vegetables">Vegetables</option>
                <option value="rice">Rice</option>
                <option value="pasta">Pasta</option>
                <option value="sugar">Sugar</option>
                <option value="salt">Salt</option>
                <option value="oil">Cooking Oil</option>
            </select>
        </div>

        <!-- Special Instructions -->
        <div class="form-group">
            <label for="instructions">Special Instructions:</label>
            <textarea id="instructions" name="instructions" rows="3"></texta
        </div>

        <!-- Terms and Conditions -->
        <div class="form-group">
            <div class="checkbox-group">
                <label>
                    <input type="checkbox" name="terms" required> I agree to
                </label>
            </div>
        </div>

        <!-- Submit Button -->
        <div class="button-group">
            <button type="submit">Submit Order</button>
        </div>
    </form>
</body>
</html>
```

Message Copilot