Assignment: Autocomplete with JavaScript

Submit by February 28, 11:59 PM PT

Important Information

It is especially important to submit this assignment before the deadline, February 28, 11:59 PM PT, because it must be graded by others. If you submit late, there may not be enough classmates around to review your work. This makes it difficult - and in some cases, impossible - to produce a grade. Submit on time to avoid these risks.

1. [**Instructions**](https://www.coursera.org/learn/javascript/peer/xQRc9/autocomplete-with-javascript)
2. [My submission](https://www.coursera.org/learn/javascript/peer/xQRc9/autocomplete-with-javascript/submit)
3. [Discussions](https://www.coursera.org/learn/javascript/peer/xQRc9/autocomplete-with-javascript/discussions)

Instructions

Given the HTML and CSS code for a form with both shipping and billing information, write the JavaScript that can set and clear the fields in Billing Information.

The code is provided here:

<http://codepen.io/ColleenEMc/pen/qbZmwJ>

or you can use the code below (they are the same)

<!DOCTYPE html><html lang="en">

<head>

<meta charset="UTF-8">

<title>Shipping and Billing</title>

<style>

input{

border:1px solid black;

}

input:focus{

background-color: #E6E6E6;

}

fieldset{

margin-bottom: 4%;

}

</style>

</head>

<body>

<h1>JavaScript Homework</h1>

<p>Add the JavaScript code needed to enable auto-complete on this form. Whenever the checkbox is checked, the code should automatically copy the values from Shipping Name and Shipping Zip into the Billing Name and Billing Zip. If the checkbox is unchecked, the Billing Name and Billing Zip should go blank.</p>

<form>

<fieldset>

<legend>Shipping Information</legend> <label for ="shippingName">Name:</label> <input type = "text" name = "Name" id = "shippingName" required><br/>

<label for = "shippingzip">Zip code:</label> <input type = "text" name = "zip" id = "shippingZip" pattern = "[0-9]{5}" required><br/>

</fieldset>

<input type="checkbox" id="same" name="same" onchange= "billingFunction()"/>

<label for = "same">Is the Billing Information the Same?</label>

<fieldset>

<legend>Billing Information</legend> <label for ="billingName">Name:</label> <input type = "text" name = "Name" id = "billingName" required><br/>

<label for = "billingzip">Zip code:</label> <input type = "text" name = "zip" id = "billingZip" pattern = "[0-9]{5}" required><br/>

</fieldset>

<input type = "submit" value = "Verify"/>

</form>

</body>

</html>