

# FORMS - TASK 1

Pizza Shop 2.0	
Name	<input type="text"/>
Pizza Topping	<input type="radio"/> Supreme <input type="radio"/> Vegeterian <input checked="" type="radio"/> Hawaiian
Pizza sauce	Tomato <input type="button" value="v"/>
Optional Extras	<input type="checkbox"/> Extra Cheese <input type="checkbox"/> Gluten Free Base
Delivery Instructions:	
<div></div>	
<div>Send my order</div>	

**Address Information**- Please enter your name and address as you have listed for your credit card.

Candidate Name:   
Date Of Birth:    (dd/mm/yyyy)  
Mother Maiden Name:   
Address:   
Town City:   
Providence/Region:   
Postal Code:   
Phone Number:

**Credit Card Information**- Please enter your Credit or Debit card where refund will be made.

Bank Name:   
Debit/Credit Card Number:    
Expiration Date:    
Card Verification Number:  [\[view sample\]](#)  
Password:

**We Participated In:**

