

Lista de Exercícios - Bootstrap

Formulário 1

First name

Last name

Username

City

State

Zip

Agree to terms and conditions

Formulário 2

| | | | | | |
|--|---|--|---|---------------------------------|-------------------------------------|
| Código | Nome | E-mail | CPF | | |
| <input type="text" value="32"/> | <input type="text" value="Nome Completo do Cliente"/> | <input type="text" value="cliente@dominio.com"/> | <input type="text" value="Só números"/> | | |
| Nº Celular | Nº Telefone fixo | CEP | Logradouro | Nº | Bairro |
| <input type="text" value="Nº do celular"/> | <input type="text" value="Nº telefone"/> | <input type="text" value="ex:88308070"/> | <input type="text" value="ex:Rua 1400,"/> <input type="text" value=""/> | <input type="text" value="Nº"/> | <input type="text" value="Bairro"/> |
| Cidade | UF | Status | <input type="button" value="Resetar"/> <input type="button" value="Próximo"/> | | |
| <input type="text" value="Cidade"/> | <input type="text" value="UF"/> | <input type="text" value="Selecionar"/> | | | |

Formulário 3

Sample Form

| | | | |
|----------------------------|---|-----------------------------|---------------------------------------|
| Partner Name | <input type="text"/> | Partner Email ID | <input type="text"/> |
| Partner Legal Name | <input type="text"/> | Partner Mobile | <input type="text"/> |
| Partner Address | <input type="text"/> | | |
| Contract Start Date | <input type="text" value="Date Start"/> | Contract Expiry Date | <input type="text" value="Date End"/> |
| Minimum Loan Amount | <input type="text"/> | Maximum Loan Amount | <input type="text"/> |
| Interest Rate | <input type="text"/> | Deposit Amount | <input type="text"/> |

Formulário 4

Novo Usuário

| | | | |
|--|--|--|---|
| Nome: <input type="text" value="Informe o nome..."/> | CPF: <input type="text" value="Informe o cpf..."/> | Endereço: <input type="text" value="Informe o endereço..."/> | Nível: <input type="text" value="--"/> |
| Email: <input type="text" value="Informe o email..."/> | Senha: <input type="text" value="Informe a senha..."/> | Status: <input type="text" value="--"/> | |
| | | | <input type="button" value="Enviar"/> <input type="button" value="Cancelar"/> |

Formulário 5

Billing address

| | | |
|--|--|------------------------------------|
| First name <input type="text"/> | Last name <input type="text"/> | |
| Username <input type="text" value="@ Username"/> | | |
| Email (Optional) <input type="text" value="you@example.com"/> | | |
| Address <input type="text" value="1234 Main St"/> | | |
| Address 2 (Optional) <input type="text" value="Apartment or suite"/> | | |
| Country <input type="text" value="Choose..."/> | State <input type="text" value="Choose..."/> | Zip <input type="text"/> |