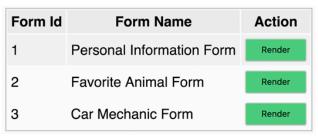
```
"formId": "1",
"formName": "Personal Information Form",
"formTitle": "Please submit your information:",
"formFields": [
    "label": "First Name",
    "name": "firstName",
    "type": "text"
    "label": "Last Name",
    "name": "lastName",
    "type": "text"
    "label": "Age",
    "name": "age",
    "type": "number"
    "label": "Short Biography",
    "name": "bio",
    "type": "textarea"
"formSubmitUrl": "https://example.com/"
"formId": "2",
"formName": "Favorite Animal Form",
"formTitle": "What is your favorite animal?",
"formFields": [
    "label": "Animal Name",
   "name": "animal",
    "type": "text"
"formSubmitUrl": "https://example.com/"
"formId": "3",
"formName": "Car Mechanic Form",
"formTitle": "Please answer these questions:",
"formFields": [
    "label": "Year/make/model",
    "name": "car",
    "type": "text"
    "label": "Your complaint",
   "name": "complaint",
    "type": "textarea"
"formSubmitUrl": "https://example.com/"
```

Step 1



Form Id	Form Name	Action
1	Personal Information Form	Render
2	Favorite Animal Form	Render
3	Car Mechanic Form	Render



Step 2

Click "Render" Button

AJAX

```
"formId": "1",
"formName": "Personal Information Form",
"formTitle": "Please submit your information:",
"formFields": [
   "label": "First Name",
   "name": "firstName",
   "type": "text"
   "label": "Last Name",
                                               JSON → HTML Form
   "name": "lastName",
   "type": "text"
   "label": "Age",
   "name": "age",
   "type": "number"
   "label": "Short Biography",
   "name": "bio",
   "type": "textarea"
```

"formSubmitUrl": "https://example.com/"

Please submit your information:

First Name:
Last Name:
Age:
Short Biography:

Step 3

```
<div class="form-wrapper"></div>
$('.form-wrapper').renderForm(form).addClass('form-wrapper');
                         <form role="form" action="https://example.com/" method="get" class="form">
                           <div class="title">Please submit your information:</div>
                           <div class="elements">
                            <div class="el-wrapper">
                              <label>First Name:</label>
                              <input type="text" name="firstName">
                            </div>
                            <div class="el-wrapper">
                              <label>Last Name:</label>
                              <input type="text" name="lastName">
                            </div>
                            <div class="el-wrapper">
                              <label>Age:</label>
                              <input type="number" name="age">
                            </div>
                            <div class="el-wrapper">
                              <label>Short Biography:</label>
                              <textarea rows="4" cols="50" name="bio"></textarea>
                            </div>
                           </div>
                           <div class="submit-wrapper">
                            <input type="submit" value="Submit" class="submit">
                           </div>
```

</form>