Quotation

<%@ page language=*"java"* contentType=*"text/html; charset=ISO-8859-1"*

pageEncoding=*"ISO-8859-1"*%>

<%@ taglib prefix=*"c"*

uri=*"http://java.sun.com/jsp/jstl/core"* %>

<!DOCTYPE html PUBLIC "-//W3C//DTD HTML 4.01 Transitional//EN" "http://www.w3.org/TR/html4/loose.dtd">

<html>

<head>

<meta http-equiv=*"Content-Type"* content=*"text/html; charset=ISO-8859-1"*>

<title>Insert title here</title>

<link href=*"css/style8.css"* rel=*'stylesheet'* type=*'text/css'* />

</head>

<body>

<jsp:include page=*"supplier.jsp"*></jsp:include>

<!--banner-->

<div class=*"banner"*>

<div class=*"validation-system"*>

<div class=*"validation-form"*>

<!---->

<form action=*"inquata"*>

<div class=*"col-md-6 form-group1"*>

<label class=*"control-label"*>Supplier Name</label>

<input type=*"text"* name=*"name"* value=*"*${a}*"*required>

</div>

<div class=*"clearfix"*> </div>

<div class=*"col-md-6 form-group1"*>

<label class=*"control-label"*>Ship Number</label>

<input type=*"text"* name=*"shipno"* value=*"*${b}*"* required>

</div>

<div class=*"clearfix"*> </div>

<div class=*"col-md-6 form-group1"*>

<label class=*"control-label"*>Ship Name</label>

<input type=*"text"* name=*"sname"* value=*"*${b}*"* required>

</div>

<div class=*"clearfix"*> </div>

<!-- <div class="form-group">

<label for="checkbox" class="col-sm-2 control-label">Material</label>

<div class="col-sm-8">

<div class="checkbox-inline" style="margin-left:30px"><label><input type="checkbox" name="category" value="water"> water(in liters)</label></div>

<div class="checkbox-inline" style="margin-left:150px"><label><input type="checkbox" name="category" value="food"> food(in tins)</label></div>

<div class="checkbox-inline" style="margin-left:150px"><label><input type="checkbox" name="category" value="medicines">medicine(in boxes)</label></div>

</div>

</div>

<div class="clearfix"> </div>

<div class="form-group">

<label class="col-sm-2 control-label">Quantity </label>

<div class="col-sm-8">

<div class="checkbox-inline"><label> <input type="text" placeholder="Quantity" name="quantity" ></label></div>

<div class="checkbox-inline"><label> <input type="text" placeholder="Quantity" name="quantity" ></label></div>

<div class="checkbox-inline"><label> <input type="text" placeholder="Quantity" name="quantity" ></label></div>

</div> </div>

--> <div class=*"table-users"*>

<div class=*"header"*>Products</div>

<table disable>

<tr>

<th>category</th>

<th>Quantity</th>

</tr><c:forEach var=*"r"* items=*"*${es}*"*>

<tr>

<td>${r.category}</td>

<td>${r.quantity}</td>

</c:forEach>

</table></div>

<div class=*"col-md-6 form-group1"*>

<label class=*"control-label"*> Estimated Date</label>

<input type=*"date"* name=*"date"* value=*""* required>

</div>

<div class=*"clearfix"*> </div>

<div class=*"col-md-6 form-group1"*>

<label class=*"control-label"*>place of delivery</label>

<input type=*"text"* name=*"dlocation"* value=*""* required>

</div>

<div class=*"clearfix"*> </div>

<div class=*"col-md-6 form-group1"*>

<label class=*"control-label"*>Total Amount</label>

<input type=*"text"* name=*"amount"* placeholder=*"Total Amount"* required>

</div>

<div class=*"clearfix"*> </div>

<div class=*"col-md-8 form-group"*>

<button type=*"submit"* class=*"btn btn-primary"* name=*"id"* value=*"*${f}*"*>Submit</button>

</div>

<div class=*"clearfix"*> </div>

</form>

</div>

<!---->

</div>

</div>

<!--//grid-->

<!---->

<div class=*"copy"*>

<p> &copy; 2016 Minimal. All Rights Reserved | Design by <a href=*"http://w3layouts.com/"* target=*"\_blank"*>W3layouts</a> </p> </div>

<!---->

<!--scrolling js-->

<script src=*"js/jquery.nicescroll.js"*></script>

<script src=*"js/scripts.js"*></script>

<!--//scrolling js-->

</body>

</html>