

Billing details

Background should be the same as the normal check out page (Feedback_2.pdf)

First Name*	Kevin
Last Name*	Singh
Address*	W 229-30 1st Floor SPIC IT Centre Building Sector 12, PEC Campus
City*	Chandigarh
State*	Chandigarh
Pincode*	160012
Mobile*	8146117777
Please note that fields marked with * are necessary	

☒ Shipping details are the same as the Billing details.

Payment Option

should be green

Please select one of the options below as your method of payment	
<input type="radio"/>	Bank Transfer
<input type="radio"/>	Demand Draft
<input type="radio"/>	Cheque

Submit

Cash deposit

please check the colour and it has to be "Place Order"