<!DOCTYPE html>

<html>

<head>

<title>Form</title>

</head>

<body>

<form>

<table align="center" border="1">

<tr>

<td colspan="2">Please complete the form below. Mandatory fields marked\*</td>

<tr>

<td colspan="2"><h3>Delivery Details<h3></td>

<tr>

<td>Name\*</td>

<td><input type="text" name="name" required></td>

</tr>

<tr>

<td>Address\*</td>

<td><input type="text" name="address" required></td>

</tr>

<tr>

<td>Town/City</td>

<td><input type="text" name="town/city"></td>

</tr>

<tr>

<td>County\*</td>

<td><input type="text" name="county" required></td>

</tr>

<tr>

<td>Postcode\*</td>

<td><input type="text" name="postcode" required></td>

</tr>

<tr>

<td colspan="2">Is this address also your invoice address?\*</td>

</tr>

<tr>

<th colspan="2"><input type="radio" name="invoice" alt="yes" required>Yes</th>

</tr>

<tr>

<th colspan="2"><input type="radio" name="invoice" alt="No" required>No</th>

</tr>

<tr>

<td colspan="2"><center><input type="submit"></center></td>

</table>

</form>

</body>

</html>