**Sample Code (Payment Form HTML)**

<form id="egpPaymentForm" action="http://machpayments.m-tutr.com/terminal/payments/process\_tnx/" method="post">

<div class="form-group">

<label class="control-label">Amount </label> <span class="text-danger">\*</span>

<input id="amount" name="amount" type="number" min="5" data-number-to-fixed="2" data-number-stepfactor="100" size="20" autocomplete="off" required class="form-control" placeholder="e.g. 50"/>

</div>

<div class="form-group">

<label class="control-label">Item Code </label> <span class="text-danger">\*</span>

<input id="gt\_mode" name="gt\_mode" type="hidden" value="PG2CO">

<input id="account\_id" name="account\_id" type="hidden" value="86542210">

<input id="sid" name="sid" type="hidden" value="05c5f1c5ac5a172405">

<input type="text" name="c2o\_wallet\_order" id="c2o\_wallet\_order" placeholder="e.g. ITM00912" class="form-control">

</div>

<div class="form-group">

<label class="control-label">Card Holder Name</label> <span class="text-danger">\*</span>

<input id="c\_holder\_name" name="c\_holder\_name" type="text" class="form-control" placeholder="e.g. FNAME LNAME" required />

</div>

<div class="form-group">

<label class="control-label">Card Number</label> <span class="text-danger">\*</span>

<input id="ccNo" name="ccNo" type="number" step="0.01" data-number-to-fixed="2" data-number-stepfactor="100" size="20" autocomplete="off" required class="form-control" placeholder="e.g. 4XXX9XXX2XXX9999" />

</div>

<div class="form-group">

<label class="control-label">Expiration Date (MM/YYYY)</label> <span class="text-danger">\*</span>

<div class="row">

<div class="col-md-6">

<input type="text" class="form-control" id="expMonth" name="expMonth">

</div>

<div class="col-md-6">

<input type="text" class="form-control" id="expYear" name="expYear">

</div>

</div>

</div>

<div class="form-group">

<label class="control-label" >CVV</label> <span class="text-danger">\*</span>

<input id="cvv" name="cvv" size="4" type="number" step="0.01" data-number-to-fixed="2" data-number-stepfactor="100" autocomplete="off" required class="form-control" placeholder="e.g. 123" />

</div>

<strong><i class="icon icon-directions"></i> Billing Address</strong><br><br>

<div class="form-group">

<label class="control-label">Address 1</label> <span class="text-danger">\*</span>

<input id="pb\_address1" name="pb\_address1" type="text" class="form-control" placeholder="e.g.Unit22,Ting Tong Street" required />

</div>

<div class="form-group">

<label class="control-label" >Address 2</label> <span class="text-danger">\*</span>

<input id="pb\_address2" name="pb\_address2" type="text" class="form-control" placeholder="e.g. Little Town" required />

</div>

<div class="form-group">

<label class="control-label" >City</label><span class="text-danger">\*</span>

<input id="pb\_city" name="pb\_city" type="text" class="form-control" placeholder="e.g. Singapore" required />

</div>

<div class="form-group">

<label class="control-label" >Country</label> <span class="text-danger">\*</span>

<input type="text" class="form-control" id="pb\_country" name="pb\_country" placeholder="e.g. SG">

</div>

<div class="form-group">

<label class="control-label">Phone</label> <span class="text-danger">\*</span>

<input id="pb\_phone" name="pb\_phone" type="number" class="form-control" placeholder="e.g. 8878888" required />

</div>

<div class="form-group">

<label class="control-label" >Pincode</label>

<input id="pb\_pincode" name="pb\_pincode" type="text" class="form-control" placeholder="e.g. SG1122" />

</div>

<div class="form-group">

<button type="submit" class="btn btn-primary btn-border" id="cpBtn" name="cpBtn">

<i class="fa fa-share"></i> Process Payment

</button>

</div>

</form>