

## Checkout Page Form

### Annotations

1 indicates a new field

1 indicates a field presented in a previous wireframe

### Step 1: Customer Information

#### Contact By Email

Customer > Shipping > Billing > Confirmation

#### Customer Information 1

First Name:  2      Last Name:  3

Preferred Contact Method: 4

Email  
 Phone

Email:  5

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### Annotations

1	<b>Type:</b> Label <b>Character set:</b> Alphanumeric <b>Value:</b> "Customer Information"	4	<b>Type:</b> Radio button <b>Label:</b> "Preferred Contact Method" <b>Options:</b> "Email", "Phone"  This field is <b>required</b> .
2	<b>Type:</b> Text input <b>Label:</b> "First Name" <b>Character set:</b> Alphanumeric  This field is <b>required</b> .	5	<b>Type:</b> Text input <b>Label:</b> "Email" <b>Character set:</b> Alphanumeric <b>Condition:</b> Displays if #4 is set to "Email"  This field is <b>required</b> .
3	<b>Type:</b> Text input <b>Label:</b> "Last Name" <b>Character set:</b> Alphanumeric  This field is <b>required</b> .	6	<b>Type:</b> Button <b>Label:</b> "Next >" <b>Action:</b> Go to Step 2.

## Contact By Phone

Customer > Shipping > Billing > Confirmation

### Customer Information 1

First Name:  2      Last Name:  3

Preferred Contact Method: 4

Email  
 Phone

Country Code:  7

Phone Number:  8      Ext.:  9

Best time to contact:  10 (8:00 AM to 10:00 AM) 11

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### Annotations

7	<b>Type:</b> Select list <b>Country Code:</b> "Next >" <b>Options:</b> All supported countries  This field is <b>required</b> .	10	<b>Type:</b> Select list <b>Label:</b> "Best time to contact" <b>Options:</b> "Morning", "Mid-Day", "Afternoon", "Evening"  This field is <b>required</b> .
8	<b>Type:</b> Text input <b>Label:</b> "Phone Number" <b>Character set:</b> Numeric <b>Format mask:</b> 999-999-9999 (displayed in placeholder)  This field is <b>required</b> .	11	<b>Type:</b> Label <b>Character set:</b> Alphanumeric <b>Value:</b> Displays the hours (00:00 format) the option chosen in #10 represents:  Morning - 7AM to 10AM Mid-Day - 10AM to 1PM Afternoon - 1PM to 4PM Evening - 4PM to 7PM
9	<b>Type:</b> Text input <b>Label:</b> "Ext." <b>Character set:</b> Numeric  This field is <b>optional</b> .		

## Step 2: Shipping Information

Customer > **Shipping** > Billing > Confirmation

### Shipping Information 12

Country:  13

Address, line 1:  14

Address, line 2:  15

Address, line 3:  16

Province/State/  
Territory:  17

Town/City:  18

Zip/Postal Code:  19

Additional Notes:  
 20

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## Annotations

12	<b>Type:</b> Label <b>Character set:</b> Alphanumeric <b>Value:</b> "Shipping Information"	17	<b>Type:</b> Select list <b>Label:</b> "Province/State/Territory" <b>Options:</b> All provinces, states or territories of the country selected in #13  This field is <b>required</b> .
13	<b>Type:</b> Select list <b>Label:</b> "Country" <b>Options:</b> All supported countries  This field is <b>required</b> .	18	<b>Type:</b> Text input <b>Label:</b> "Town/City" <b>Character set:</b> Alphanumeric  This field is <b>required</b> .
14	<b>Type:</b> Text input <b>Label:</b> "Address, line1" <b>Character set:</b> Alphanumeric  This field is <b>required</b> .	19	<b>Type:</b> Text input <b>Label:</b> "Zip/Postal Code" <b>Character set:</b> Alphanumeric  This field is <b>required</b> .
15	<b>Type:</b> Text input <b>Label:</b> "Address, line2" <b>Character set:</b> Alphanumeric  This field is <b>optional</b> .	20	<b>Type:</b> Text area <b>Label:</b> "Additional Notes" <b>Character set:</b> Alphanumeric  This field is <b>optional</b> .
16	<b>Type:</b> Text input <b>Label:</b> "Address, line3" <b>Character set:</b> Alphanumeric  This field is <b>optional</b> .	21	<b>Type:</b> Button <b>Label:</b> "Next >" <b>Action:</b> Go to Step 3.

## Step 4: Billing Information

### Billing Address is the same as Shipping Address

Customer > Shipping > **Billing** > Confirmation

#### Billing Information 22

##### Billing Address 23

Same as shipping address 24

##### Payment Information 25

Payment Type:  AmEX  MasterCard  VISA 26

Cardholder Name:  27

Card Number:  28 CSC:  29 ? 30

Expiration Date:  4 31 /  4 32

Next > 33

## Annotations

22	<b>Type:</b> Label <b>Character set:</b> Alphanumeric <b>Value:</b> "Billing Information"	29	<b>Type:</b> Text input <b>Label:</b> "CSC" <b>Character set:</b> Numeric  This field is <i>required</i> .
23	<b>Type:</b> Label <b>Character set:</b> Alphanumeric <b>Value:</b> "Billing Address"	30	<b>Type:</b> Button (image) <b>Label:</b> "?" <b>Action:</b> Popup help to find CSC code
25	<b>Type:</b> Label <b>Character set:</b> Alphanumeric <b>Value:</b> "Payment Information"	31	<b>Type:</b> Select list <b>Label:</b> "Expiration Date" <b>Options:</b> Months of the year, by number  This field is <i>required</i> .
26	<b>Type:</b> Radio button <b>Label:</b> "Payment Type" <b>Options:</b> "AmEx", "MasterCard", "VISA"  This field is <i>required</i> .	32	<b>Type:</b> Select list <b>Label:</b> "/" <b>Options:</b> Current and upcoming years  This field is <i>required</i> .
27	<b>Type:</b> Text input <b>Label:</b> "Cardholder Name" <b>Character set:</b> Alphanumeric  This field is <i>required</i> .	33	<b>Type:</b> Button <b>Label:</b> "Next >" <b>Action:</b> Go to Step 4.
28	<b>Type:</b> Text input <b>Label:</b> "Card Number" <b>Character set:</b> Numeric  This field is <i>required</i> .		

## Billing Address is different from Shipping Address

Customer > Shipping > **Billing** > Confirmation

### Billing Information 22

#### Billing Address 23

Same as shipping address 24

Country:  34

Address, line 1:  35

Address, line 2:  36

Address, line 3:  37

Province/State/  
Territory:  38

Town/City:  39

Zip/Postal Code:  40

#### Payment Information 25

Payment Type:  AmEX  MasterCard  VISA 26

Cardholder  
Name:  27

Card Number:  28 CSC:  29 ? 30

Expiration Date:  31 /  32

33

## Annotations

34	<b>Type:</b> Select list <b>Label:</b> "Country" <b>Options:</b> All supported countries  This field is <i>required</i> .	38	<b>Type:</b> Select list <b>Label:</b> "Province/State/Territory" <b>Options:</b> All provinces, states or territories of the country selected in #13  This field is <i>required</i> .
35	<b>Type:</b> Text input <b>Label:</b> "Address, line1" <b>Character set:</b> Alphanumeric  This field is <i>required</i> .	39	<b>Type:</b> Text input <b>Label:</b> "Town/City" <b>Character set:</b> Alphanumeric  This field is <i>required</i> .
36	<b>Type:</b> Text input <b>Label:</b> "Address, line2" <b>Character set:</b> Alphanumeric  This field is <i>optional</i> .	40	<b>Type:</b> Text input <b>Label:</b> "Zip/Postal Code" <b>Character set:</b> Alphanumeric  This field is <i>required</i> .
37	<b>Type:</b> Text input <b>Label:</b> "Address, line3" <b>Character set:</b> Alphanumeric  This field is <i>optional</i> .		