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PROFESSIONAL B.E.S.T. PROGRAM AGREEMENT

THIS AGREEMENT (the "Agreement") is effective on the date signed below, between Morter HealthAlliance ("MHA"), and the Practitioner identified hereafter.

Term. The term of this Agreement shall be for a period of one (1) year from the date of the Agreement. The Agreement shall automatically renew for successive terms of one (1) year each unless terminated by either party as provided herein. Either party may terminate this Agreement on sixty (60) days written or electronic notice to the other party.

Program Cost. Practitioners shall pay the following fees for study with MHA:

Single Practitioner	\$1997
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Benefits. During the term of the Agreement, the Practitioner shall receive the following benefits:

1. Free admission to unlimited B.E.S.T. Training Seminars
2. Free access to MHA Web page
3. Free access to Morter E-Study Program
4. Discounts off the wholesale case price for B.E.S.T. supplements
5. Free admission to Homecoming Seminar

Practitioner Discounts. The discount pricing offered under this Agreement is limited to Practitioners. MHA reserves the right, in its sole discretion, to determine whether a Practitioner is acting as a wholesaler. A wholesaler will be required to execute a separate wholesaler agreement and purchase product at wholesale pricing. An online seller of B.E.S.T. supplements will be considered a wholesaler unless the sale of products is limited to the Practitioner's personal practice website. MHA reserves the right to set quantity limits for the sale of any B.E.S.T. supplements to a Practitioner under this agreement.

Entire Agreement. This Agreement contains the entire understanding and agreement between the parties and supersedes all prior written or oral agreements, understandings or negotiations between the parties.

Amendments. No change, modification or amendment to this Agreement shall be valid or binding upon the parties unless it is in writing and signed by each of the parties.

Waiver. No waiver of any provision of this Agreement shall be valid unless it is in writing and signed by the party against whom the waiver is sought to be enforced. The failure of MHA to insist upon strict performance of any provision of this Agreement in any one or more instances shall not be construed as a waiver or relinquishment of the right to insist upon strict compliance with such provision in the future.

Assignment. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors and assigns. The Practitioner shall not directly or indirectly assign or delegate any of its rights or obligations under this Agreement in whole or in part without prior written consent of MHA, and any such assignment or delegation without such consent shall be null and void.

Governing Law. This Agreement shall be subject to, governed by and construed in accordance with the laws of the State of Arkansas, despite that either of the parties now is or may become a resident of a different state. This Agreement shall be deemed to be a binding contract when signed by a representative of MHA in Arkansas.

Jurisdiction. Practitioner hereby submits to the jurisdiction of the appropriate state or federal court in the State of Arkansas, and hereby waives any objection or defense based upon the claim that such a forum is improper or otherwise inappropriate.

Attorneys Fees. In the event of any action, suit or proceeding arising from or based upon this Agreement brought by either party hereto against the other, the prevailing party shall be entitled to recover from the other its reasonable attorney's fees in connection therewith in addition with the costs incurred in bringing such action, suit or proceeding.

Signed this _____ day of _____, 20 _____

Practitioner Signature

Morter HealthAlliance Signature

PRACTITIONER INFORMATION (please print clearly)

Name of Practitioner: _____

Name of Business: _____

Practitioner Title: _____

Practitioner License # and state of issuance: _____

Shipping Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

BILLING INFORMATION

Please bill: \$1997 OR \$186 PER MONTH FOR 12 MONTHS

Credit card # _____ Exp. _____ CVV: _____

Signature: _____