Ohio Sheriff Sales REALTOR BUYER REFERRAL REGISTRATION FORM Print this form and fax to 1.877.772.4217 or email to timlileauctioneer@gmail.com

Referring Licensee:	Company:	
Address:		
Real Estate License Number		
As a licensed real estate E	Broker/Salesperson, I wish	to register the following client:
Registrant Name:		
Address:		
For the upcoming online-	only foreclosure auction o	f the following subject property:
1956	6 Thornapple Dr., Toledo, C	Ohio 43614
I understand and acknowledge:		
Agency is NOT in effect. By prop	perly registering your bidder for thi	ed via a judicial sale process under Court Order is auction, you are eligible to receive a Buye Registrant be the successful bidder, pay for and
2) I must register my bidder with this scheduled auction end time (no exc	s form completed prior to their registe ceptions).	ering online no less than 48 hours prior to the
3) No oral registrations will be accept	ted. Principals to the transaction are r	not eligible for fee.
THERE WILL BE NO	EXCEPTIONS TO THESE N	MINIMAL REQUIREMENTS.
In addition to my signature belo have read, understand and ackn		my Registrant, indicating that they ve.
Referring Licensee Signature: _		Date
Registrant Signature:		Date
Private Selling Officer Acknowle	edgment Date	SHERIFF