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: | | |
| | | |
| | | |
| For the upcoming online- | only foreclosure auction of | the following subject property: |
| 14105 | Reed Road, Swanton TWP, | Ohio 43558 |
| I understand and acknowledge: | | |
| Agency is NOT in effect. By proj | perly registering your bidder for this | d via a judicial sale process under Court Order a 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 ex | s form completed prior to their register ceptions). | ring online no less than 48 hours prior to the |
| 3) No oral registrations will be accept | ted. Principals to the transaction are no | ot eligible for fee. |
| THERE WILL BE NO | EXCEPTIONS TO THESE M | IINIMAL REQUIREMENTS. |
| | ow, please find the signature of nowledge acceptance of the above | ny Registrant, indicating that they e. |
| Referring Licensee Signature: _ | | Date |
| Registrant Signature: | | Date |
| | | |
| Private Selling Officer Acknowle | edgment Date | SHERIFF |