## 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:		
Phone:	Email:	
Real Estate License Number		
As a licensed real estate Broker/Sale	sperson, I wish to reg	ister the following client:
Registrant Name:		
Address:		
Phone:	Email:	
For the upcoming online-only foreclo	osure auction of the fo	llowing subject property:
	340 Doran Road rovidence TWP), Ohio 43571	
I understand and acknowledge:		
1) As this is a foreclosure action with the subject real Agency is NOT in effect. By properly registering Referral Fee equal 1% of my Registrant's *WINNI close on the transaction.	your bidder for this auction	, you are eligible to receive a Buyer
2) I must register my bidder with this form complete scheduled auction end time (no exceptions).	d prior to their registering onli	ne no less than <b>48 hours</b> prior to the
3) No oral registrations will be accepted. Principals to	the transaction are not eligible	e for fee.
THERE WILL BE NO EXCEPTION	NS TO THESE MINIMA	AL REQUIREMENTS.
In addition to my signature below, please find have read, understand and acknowledge acce		strant, indicating that they
Referring Licensee Signature:		Date
Registrant Signature:		Date
Desirate Calling Officer Ashres als James	Dot-	
Private Selling Officer Acknowledgment	Date	GHEDIST 1