## 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	
Referring Licensee:	alesperson, I wish to register the following client:
Registrant Name:	
Address:	
For the upcoming online-only fore	closure auction of the following subject property
I understand and acknowledge:	
Agency is NOT in effect. By properly registe Referral Fee equal 1% of my Registrant's *WIN	ring your bidder for this auction, you are eligible to receive a Buy
2) I must register my bidder with this form composcheduled auction end time (no exceptions).	leted prior to their registering online no less than 48 hours prior to t
3) No oral registrations will be accepted. Principa	ls to the transaction are not eligible for fee.
THERE WILL BE NO EXCEPT	IONS TO THESE MINIMAL REQUIREMENTS.
Referring Licensee Signature:	Date
Registrant Signature:	Date
Private Selling Officer Acknowledgment	Date