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/Salesp	person, I wish to register the following client:
Registrant Name:	
Address:	
Phone:	Email:
For the upcoming online-only foreclos	ure auction of the following subject property:
487 Eagle Road Bidwell (Racoon TWP), Ohio 45614 I understand and acknowledge:	
2) I must register my bidder with this form completed p scheduled auction end time (no exceptions).	prior to their registering online no less than 48 hours prior to the
3) No oral registrations will be accepted. Principals to the	ne transaction are not eligible for fee.
THERE WILL BE NO EXCEPTIONS	S TO THESE MINIMAL REQUIREMENTS.
In addition to my signature below, please find t have read, understand and acknowledge accept	the signature of my Registrant, indicating that they cance of the above.
Referring Licensee Signature:	Date
Registrant Signature:	Date
Private Selling Officer Acknowledgment	Date