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 I	Broker/Salesperson, I wish to register the followin	g client:
Registrant Name:		
Address:		
	Email:	
For the upcoming online-	only foreclosure auction of the following subject p	roperty:
	616 N. Murray Street Springfield, Ohio 45503	
I understand and acknowledge:		
Agency is NOT in effect. By proj	the subject real property being offered via a judicial sale process under perly registering your bidder for this auction, you are eligible to restrant's *WINNING BID should my Registrant be the successful bidder.	ceive a Buyer
2) I must register my bidder with this scheduled auction end time (no ex	s form completed prior to their registering online no less than 48 hour cceptions).	rs prior to the
3) No oral registrations will be accept	ted. Principals to the transaction are not eligible for fee.	
THERE WILL BE NO	EXCEPTIONS TO THESE MINIMAL REQUIREMEN	<u>NTS.</u>
	ow, please find the signature of my Registrant, indicating the nowledge acceptance of the above.	at they
Referring Licensee Signature: _	Date	
Registrant Signature:	Date	
Private Selling Officer Acknowle	edgment Date	