### 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/Salesperson, I wish to register the following client:

| Registrant Name: |        |
|------------------|--------|
| Address:         |        |
| Phone:           | Email: |

## For the upcoming online-only foreclosure auction of the following subject property:

#### 105 Elmwood Drive Sherwood (Delaware TWP), Ohio 43556

### I understand and acknowledge:

- 1) As this is a foreclosure action with the subject real property being offered via a judicial sale process under Court Order, Agency is NOT in effect. By properly registering your bidder for this auction, you are eligible to receive a Buyer Referral Fee equal 1% of my Registrant's **\*WINNING BID** should my Registrant be the successful bidder, pay for and close on the transaction.
- 2) I must register my bidder with this form completed prior to their registering online no less than **48 hours** prior to the scheduled auction end time (no exceptions).
- 3) No oral registrations will be accepted. Principals to the transaction are not eligible for fee.

## THERE WILL BE NO EXCEPTIONS TO THESE MINIMAL REQUIREMENTS.

In addition to my signature below, please find the signature of my Registrant, indicating that they have read, understand and acknowledge acceptance of the above.

| Referring Licensee Signature: _ | Date                                  |
|---------------------------------|---------------------------------------|
| 6 6 _                           | · · · · · · · · · · · · · · · · · · · |

Registrant Signature: \_\_\_\_\_

Date



Private Selling Officer Acknowledgment

Date