## 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:	Comp	any:
Address:		
Real Estate License Number		
As a licensed real estate B	roker/Salesperson, I u	vish to register the following client:
Registrant Name:		
Address:		
For the upcoming online-o	only foreclosure auctio	on of the following subject property:
1	1435 Logan Ave., Springfiel	d, OH 45505
I understand and acknowledge:		
Agency is NOT in effect. By prop	erly registering your bidder fo	offered via a judicial sale process under Court Order or this auction, you are eligible to receive a Buye I my Registrant be the successful bidder, pay for and
2) I must register my bidder with this scheduled auction end time (no exc	form completed prior to their receptions).	egistering online no less than <b>48 hours</b> prior to the
3) No oral registrations will be accepted	ed. Principals to the transaction	are not eligible for fee.
THERE WILL BE NO	EXCEPTIONS TO THES	SE MINIMAL REQUIREMENTS.
In addition to my signature belo have read, understand and acknowledge		e of my Registrant, indicating that they above.
Referring Licensee Signature:		Date
Registrant Signature:		Date
Private Selling Officer Acknowle	edgment Date	SHERIFF