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 B	roker/Salesp	person, I wish to	o register the following client:
Registrant Name:			
Address:			
Phone:		Email:	
For the upcoming online-o	only foreclos	ure auction of t	he following subject property:
322	N. Cherry Sti	reet, Bryan, Ohi	o 43506
I understand and acknowledge:			
Agency is NOT in effect. By prope	erly registering y	our bidder for this a	ria a judicial sale process under Court Orde auction, you are eligible to receive a Buye gistrant be the successful bidder, pay for an
2) I must register my bidder with this scheduled auction end time (no exc		orior to their registerin	ng online no less than 48 hours prior to th
3) No oral registrations will be accepte	ed. Principals to th	ne transaction are not	eligible for fee.
THERE WILL BE NO I	EXCEPTIONS	S TO THESE MI	NIMAL REQUIREMENTS.
In addition to my signature below have read, understand and ackno	' *	· ·	Registrant, indicating that they
Referring Licensee Signature:			Date
Registrant Signature:			Date
Private Selling Officer Acknowle	dgment	Date	SHERIFF