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:	Co	ompany:	
Address:			
Phone:			
Real Estate License Number			
As a licensed real estate E	Broker/Salesperson,	I wish to register the fol	lowing client:
Registrant Name:			
Address:			
Phone:			
For the upcoming online-	only foreclosure auc	ction of the following sub	ject property:
5405 State I	Route 286, Williamsburg	g (Jackson TWP), OH 45176	
I understand and acknowledge:			
1) As this is a foreclosure action with Agency is NOT in effect. By prop Referral Fee equal 1% of my Regist close on the transaction.	perly registering your bidde	eing offered via a judicial sale proces er for this auction, you are eligib- could my Registrant be the successf	le to receive a Buye
2) I must register my bidder with this scheduled auction end time (no ex-	s form completed prior to the ceptions).	eir registering online no less than 4	18 hours prior to the
3) No oral registrations will be accept	ed. Principals to the transac	tion are not eligible for fee.	
THERE WILL BE NO	EXCEPTIONS TO TH	HESE MINIMAL REQUIR	EMENTS.
In addition to my signature belo have read, understand and ackn			ting that they
Referring Licensee Signature: _		Date	
Registrant Signature:		Date	
Private Selling Officer Acknowle	edgment I	Date	SHERIFF