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:		
Real Estate License Number		
As a licensed real estate B	Broker/Salesperson, I wish	n to register the following client:
Registrant Name:		
Address:		
For the upcoming online-o	only foreclosure auction o	f the following subject property:
18318 State Rt	189, Columbus Grove, (Sugar C	Creek TWP), OH 45830
I understand and acknowledge:		
Agency is NOT in effect. By prop	perly registering your bidder for thi	ed via a judicial sale process under Court Order is auction, you are eligible to receive a Buye 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 registed ceptions).	ering online no less than 48 hours prior to the
3) No oral registrations will be accepted	ed. Principals to the transaction are r	not eligible for fee.
THERE WILL BE NO	EXCEPTIONS TO THESE N	MINIMAL REQUIREMENTS.
In addition to my signature belo have read, understand and acknowledge		my Registrant, indicating that they ve.
Referring Licensee Signature:		Date
Registrant Signature:		Date
Private Selling Officer Acknowle	edgment Dat	SHERIFF