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 l	Broker/Salesperson, I u	vish to register the following client:
Registrant Name:		
Address:		
For the upcoming online-	only foreclosure auctio	n of the following subject property:
112 Charles St	t., Vaughnsville, (Sugar	Creek TWP), OH 45893
I understand and acknowledge:		
Agency is NOT in effect. By pro	perly registering your bidder fo	offered via a judicial sale process under Court Order r this auction, you are eligible to receive a Buye my Registrant be the successful bidder, pay for and
2) I must register my bidder with thi scheduled auction end time (no ex	s form completed prior to their receptions).	egistering online no less than 48 hours prior to the
3) No oral registrations will be accep	ted. 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 ackr		e of my Registrant, indicating that they above.
Referring Licensee Signature: _		Date
Registrant Signature:		Date
Private Selling Officer Acknowle	edgment Date	SHERIFF