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/Sales	person, I wish to	register the following client:	;
Registrant Name:				
Address:				
Phone:		Email:		_
For the upcoming online-o	nly foreclos	sure auction of tl	he following subject property	:
115:	ı Parkview I	Drive, Troy, Ohio	45373	
I understand and acknowledge:				
Agency is NOT in effect. By prope	erly registering	your bidder for this a	ia a judicial sale process under Court Ord uction, you are eligible to receive a Buy istrant be the successful bidder, pay for a	yei
2) I must register my bidder with this scheduled auction end time (no exce		prior to their registerin	g online no less than 48 hours prior to t	:he
3) No oral registrations will be accepte	d. Principals to t	the transaction are not	eligible for fee.	
THERE WILL BE NO I	EXCEPTION	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 Acknowled	lgment	Date	SHERIFF	