Ohio Sheriff Sales, LLC BUYER BROKER REGISTRATION FORM

Print this form and fax to 1.877.772.4217 or email to timlileauctioneer@gmail.com

Broker/Salesperson:		Agency:	
Address:			
Phone:	_Email:		
Real Estate License Number			
As a licensed real estate Broker/Salesperson, I wish to register the following client:			
Name:			
Address:			
Phone:	Email:		
For the upcoming auction of the following subject property:			
804 Earl Street, Bucyrus, Ohio 44820			
I understand and acknowledge:			
1) That my compensation will be based on 2% of my client's high bid amount should my client be the successful bidder, pay for and close on the transaction.			
2) That I am required to either conduct a showing of the subject property for my client or accompany them to a scheduled open inspection whichever is available.			
3) I must accompany my client to the auction unless $$	bidding online.		
4) If bidding online, I must register my client prior to their registering online.			
5) Registration must take place a minimum of 48 hours prior to the scheduled auction time (no exceptions).			
6) No oral registrations will be accepted.			
I am representing my client as Buyer, and not the Sel Auctions LLC, and the Seller from any and all claim any actions or inactions or representations made by r A prospective bidder that has previously been in coproperty will not be eligible as a client for any Broker	ns, costs or expen ne or in connection ontact with Ohio	ses, including reasonable attorney's fee, whi n with the sale of this property.	ch may arise out of
THERE WILL BE NO EXCE	PTIONS TO	<u>THESE BROKER REQUIREMEN</u>	ITS.
In addition to my signature below, please fit understand and acknowledge acceptance of		e of my client, indicating that they have	ve read,
Broker or Salesperson Signature	Date	Client or Buyer Signature	Date
		QHO	

Date

Authorized Auctioneer Acknowledgment