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:I	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:			
954 Highland Ave., Galion, OH 44833			
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 Seller Auctions LLC, and the Seller from any and all claims, any actions or inactions or representations made by me A prospective bidder that has previously been in conta property will not be eligible as a client for any Broker of	costs or expens or in connection act with Ohio F	ses, including reasonable attorney's fee, who with the sale of this property.	ich may arise out of
THERE WILL BE NO EXCEP	TIONS TO	<u>THESE BROKER REQUIREMEN</u>	NTS.
In addition to my signature below, please find understand and acknowledge acceptance of the		of my client, indicating that they ha	ve read,
Broker or Salesperson Signature I	Date	Client or Buyer Signature	Date
		QIIIO	

Date

Authorized Auctioneer Acknowledgment