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 Br	oker/Salespe	rson, I wish to register the following clie	nt:
Name:			
Address:			
Phone:			
For the upcomi	ng auction of	the following subject property:	
309 Town S	St., New W	ashington, Ohio 45854	
I understand and acknowledge:			
1) That my compensation will be based on 2% o close on the transaction.	f my client's hig	h bid amount should my client be the successful	bidder, pay for and
2) That I am required to either conduct a showing whichever is available.	of the subject pro	perty for my client or accompany them to a schedu	ıled open inspection
3) I must accompany my client to the auction unle	ess bidding onlin	e.	
4) If bidding online, I must register my client price	or to their registe	ring online.	
5) Registration must take place a minimum of ${\bf 48}$	hours prior to th	ne scheduled auction time (no exceptions).	
6) No oral registrations will be accepted.			
I am representing my client as Buyer, and not the Auctions LLC, and the Seller from any and all cany actions or inactions or representations made to A prospective bidder that has previously been in property will not be eligible as a client for any Br	laims, costs or e by me or in conn n contact with C	ection with the sale of this property. Whio Real Estate Auctions LLC or the Seller con	ich may arise out of
THERE WILL BE NO EX	CEPTIONS 7	<u> THESE BROKER REQUIREMEN</u>	ITS.
In addition to my signature below, please understand and acknowledge acceptance	_	ature of my client, indicating that they have	ve read,
Broker or Salesperson Signature	Date	Client or Buyer Signature	Date
Authorized Auctioneer Acknowledgment	Date	SHERIFF	