## 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 Broi	ker/Salespei	rson, I wish to register the following clien	nt:
Name:			
Address:			
Phone:	Email:		
For the upcoming	g auction of	the following subject property:	
406 Duar	e Street	, Clyde, Ohio 43410	
I understand and acknowledge:			
1) That my compensation will be based on 2% of r close on the transaction.	ny 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 of whichever is available.	the subject pro	perty for my client or accompany them to a schedu	led open inspection
3) I must accompany my client to the auction unless	s bidding onlin	e.	
4) If bidding online, I must register my client prior	to their registe	ring online.	
5) Registration must take place a minimum of 48 ho	<b>ours</b> 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 Se Auctions LLC, and the Seller from any and all clai any actions or inactions or representations made by A prospective bidder that has previously been in a property will not be eligible as a client for any Broken.	ms, costs or e me or in conn contact with C	ection with the sale of this property.  Whio Real Estate Auctions LLC or the Seller con-	ch may arise out of
THERE WILL BE NO EXC	EPTIONS T	<u> THESE BROKER REQUIREMEN</u>	TS.
In addition to my signature below, please frunderstand and acknowledge acceptance of	_	ature of my client, indicating that they have	e read,
Broker or Salesperson Signature	Date	Client or Buyer Signature	Date
Authorized Auctioneer Acknowledgment	Date	CHIERIFF!	