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:	Cor	npany:	
Address:			
Phone:			
Real Estate License Number			
As a licensed real estate Br	roker/Salesperson, i	I wish to register the fo	llowing client:
Registrant Name:			
Address:			
Phone:			
For the upcoming online-or	nly foreclosure auc	tion of the following su	bject property:
6940 Rutherfo	rd Ct., Cincinnati (C	olerain TWP), Ohio 453	329
I understand and acknowledge:			
As this is a foreclosure action with the Agency is NOT in effect. By proper Referral Fee equal 1% of my Registra close on the transaction.	erly registering your bidder	for this auction, you are eligi	ible to receive a Buyer
2) I must register my bidder with this f scheduled auction end time (no exce		ir registering online no less than	48 hours prior to the
3) No oral registrations will be accepted	d.		
THERE WILL BE NO E	EXCEPTIONS TO TH	ESE MINIMAL REQUII	REMENTS.
In addition to my signature belov have read, understand and ackno	. 1		ating that they
Referring Licensee Signature:		Date	
Registrant Signature:		Date	
Private Selling Officer Acknowled	lgment D	Pate Pate	SHERIFF