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:	Com	pany:
Address:		
Phone:	Email:	
Real Estate License Number		
As a licensed real estate 1	Broker/Salesperson, I	wish to register the following client:
Registrant Name:		
Address:		
	Email:	
		on of the following subject property: Bethel TWP), Ohio 45344
I understand and acknowledge:		
Agency is NOT in effect. By pro-	perly registering your bidder f	g offered via a judicial sale process under Court Order for this auction, you are eligible to receive a Buye ld my Registrant be the successful bidder, pay for and
2) I must register my bidder with this scheduled auction end time (no ex		registering online no less than 48 hours prior to the
3) No oral registrations will be accept	ted.	
THERE WILL BE NO	EXCEPTIONS TO THE	SE MINIMAL REQUIREMENTS.
In addition to my signature belo have read, understand and ackr		re of my Registrant, indicating that they e above.
Referring Licensee Signature: _		Date
Registrant Signature:		Date
Private Selling Officer Acknowle	edgment Dat	te