## 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	mpany:	
Address:			
Phone:			
Real Estate License Number			
As a licensed real estate B	roker/Salesperson,	I wish to register the fo	ollowing client:
Registrant Name:			
Address:			
Phone:			
For the upcoming online-o	only foreclosure auc	tion of the following su	ıbject property:
72	a Division St., Defia	nce, OH 43512	
I understand and acknowledge:			
As this is a foreclosure action with t Agency is NOT in effect. By prop Referral Fee equal 1% of my Registr close on the transaction.	erly registering your bidder	r for this auction, you are eligi	ible to receive a Buyer
2) I must register my bidder with this scheduled auction end time (no exc		ir registering online no less than	n <b>48 hours</b> prior to the
3) No oral registrations will be accepte	ed.		
THERE WILL BE NO 1	EXCEPTIONS TO TH	ESE MINIMAL REQUI	REMENTS.
In addition to my signature below have read, understand and ackno	. 1		cating that they
Referring Licensee Signature:		Date	
Registrant Signature:		Date	
Private Selling Officer Acknowle	dgment D	Date •	GILIANIFF CONTRACTOR