

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: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Real Estate License Number _____

As a licensed real estate Broker/Salesperson, I wish to register the following client:

Registrant Name: _____

Address: _____

Phone: _____ Email: _____

For the upcoming online-only foreclosure auction of the following subject property:

119 Vail St., Arlington, Ohio 45814

I understand and acknowledge:

- 1) As this is a foreclosure action with the subject real property being offered via a judicial sale process under Court Order, Agency is NOT in effect. By properly registering your bidder for this auction, you are eligible to receive a Buyer Referral Fee equal 1% of my Registrant's ***WINNING BID** should my Registrant be the successful bidder, pay for and close on the transaction.
- 2) I must register my bidder with this form completed prior to their registering online no less than **48 hours** prior to the scheduled auction end time (no exceptions).
- 3) No oral registrations will be accepted.

THERE WILL BE NO EXCEPTIONS TO THESE MINIMAL REQUIREMENTS.

In addition to my signature below, please find the signature of my Registrant, indicating that they have read, understand and acknowledge acceptance of the above.

Referring Licensee Signature: _____ Date _____

Registrant Signature: _____ Date _____

Private Selling Officer Acknowledgment

Date

