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 Br	roker/Salesperson, I wish	n to register the following client:
Registrant Name:		
Address:		
Phone:	Email:	
For the upcoming online-o	nly foreclosure auction o	f the following subject property:
4354540	99 East Washington St., N	apoleon, Ohio
I understand and acknowledge:		
Agency is NOT in effect. By prope	erly registering your bidder for the	ed via a judicial sale process under Court Order is auction, you are eligible to receive a Buye Registrant be the successful bidder, pay for and
2) I must register my bidder with this is scheduled auction end time (no exce		tering online no less than 48 hours prior to the
3) No oral registrations will be accepted	d.	
THERE WILL BE NO E	EXCEPTIONS TO THESE I	MINIMAL REQUIREMENTS.
In addition to my signature below have read, understand and acknowledge.	. 1	my Registrant, indicating that they ve.
Referring Licensee Signature:		Date
Registrant Signature:		Date
Private Selling Officer Acknowled	lgment Date	SHERIFF