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:	Con	npany:
Address:		
Phone:	Email	:
Real Estate License Number		
As a licensed real estate E	Broker/Salesperson, 1	wish to register the following client:
Registrant Name:		
Address:		
		:
For the upcoming online-	only foreclosure auct	ion of the following subject property:
83	5 Mayfair Blvd., Toled	do, Ohio 43612
I understand and acknowledge:		
Agency is NOT in effect. By prop	perly registering your bidder	g offered via a judicial sale process under Court Order for this auction, you are eligible to receive a Buye ald my Registrant be the successful bidder, pay for an
2) I must register my bidder with this scheduled auction end time (no exc	s form completed prior to their ceptions).	r registering online no less than 48 hours prior to the
3) No oral registrations will be accept	ed. Principals of the transaction	on are not eligible for this referral fee.
THERE WILL BE NO	EXCEPTIONS TO TH	ESE MINIMAL REQUIREMENTS.
In addition to my signature belo have read, understand and ackn		ure of my Registrant, indicating that they above.
Referring Licensee Signature: _		Date
Registrant Signature:		Date
Private Selling Officer Acknowle	edgment Da	ate