## 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:	C	company:	
Address:			
Phone:	Em	ail:	
Real Estate License Number			
As a licensed real estate	Broker/Salespersor	ı, I wish to registe	r the following client:
Registrant Name:			
Address:			
Phone:			
For the upcoming online	only foreclosure au	ıction of the follou	ving subject property:
	2938 Jasik Dr., Tol	edo, OH 43611	
I understand and acknowledge:			
1) As this is a foreclosure action with Agency is NOT in effect. By pro Referral Fee equal 1% of my Regis close on the transaction.	perly registering your bide	der for this auction, you	are eligible to receive a Buye
2) I must register my bidder with the scheduled auction end time (no ex	is form completed prior to t xceptions).	heir registering online no	eless than <b>48 hours</b> prior to the
3) No oral registrations will be accep	oted. Principals to the transa	action are not eligible for	fee.
THERE WILL BE NO	EXCEPTIONS TO T	<u>HESE MINIMAL I</u>	REQUIREMENTS.
In addition to my signature bel have read, understand and ack			nt, indicating that they
Referring Licensee Signature: _		·	Date
Registrant Signature:		Γ	Pate
Private Selling Officer Acknowl	edgment	Date	SHERIFF