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:	Er	nail:	
Real Estate License Number			
As a licensed real estate E	3roker/Salesperso	n, I wish to regis	ter the following client:
Registrant Name:			
Address:			
Phone:			
For the upcoming online-	only foreclosure a	uction of the follo	owing subject property:
5741	ı Heatherbank Rd.	, Toledo, OH 436	14
I understand and acknowledge:			
1) As this is a foreclosure action with Agency is NOT in effect. By prop Referral Fee equal 1% of my Regist close on the transaction.	perly registering your bid	dder for this auction, y	ou are eligible to receive a Buye
2) I must register my bidder with this scheduled auction end time (no ex-	s form completed prior to ceptions).	their registering online	no less than 48 hours prior to the
3) No oral registrations will be accept	ted. Principals to the tran	saction are not eligible fo	or fee.
THERE WILL BE NO	EXCEPTIONS TO	THESE MINIMAL	REQUIREMENTS.
In addition to my signature belo have read, understand and ackn			rant, indicating that they
Referring Licensee Signature: _			_ Date
Registrant Signature:			_ Date
Private Selling Officer Acknowle	edgment	Date	SHERIFF