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:	En	nail:	
Real Estate License Number			
As a licensed real estate B	roker/Salespersor	n, I wish to regis	ter the following client:
Registrant Name:			
Address:			
Phone:	En	nail:	
For the upcoming online-o	only foreclosure at	uction of the foll	owing subject property:
7	81 Xenia Ave., Xer	nia, Ohio 45385	
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.	erly registering your bid	lder for this auction, y	you are eligible to receive a Buye
2) I must register my bidder with this scheduled auction end time (no exc	form completed prior to eptions).	their registering online	no less than 48 hours prior to the
3) No oral registrations will be accepted	ed. Principals to the trans	action are not eligible f	or fee.
THERE WILL BE NO	EXCEPTIONS TO T	THESE MINIMAI	L REQUIREMENTS.
In addition to my signature belo have read, understand and acknowledge	· 1		rant, indicating that they
Referring Licensee Signature:			Date
Registrant Signature:			_ Date
Private Selling Officer Acknowle	dgment	Date	OI 10