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:			
Real Estate License Number			
As a licensed real estate B	roker/Salesperso	on, I wish to registe	er the following client:
Registrant Name:			
Address:			
Phone:			
For the upcoming online-o	only foreclosure a	nuction of the follor	wing subject property:
110	o S. Hill St., Harr	rison, Ohio 45030	
I understand and acknowledge:			
As this is a foreclosure action with the Agency is NOT in effect. By prop Referral Fee equal 1% of my Registral close on the transaction.	erly registering your bi	idder for this auction, you	u are eligible to receive a Buyer
2) I must register my bidder with this scheduled auction end time (no exc) their registering online n	o less than 48 hours prior to the
3) No oral registrations will be accepted	ed. Principals to the tran	saction are not eligible for	fee.
THERE WILL BE NO	EXCEPTIONS TO	THESE MINIMAL	REQUIREMENTS.
In addition to my signature belo have read, understand and ackno	• •		ant, indicating that they
Referring Licensee Signature:			Date
Registrant Signature:		1	Date
Private Selling Officer Acknowle	dgment	Date	SILERIFF