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: | F | Email: | |
| Real Estate License Number | | | |
| As a licensed real estate I | Broker/Salespers | on, I wish to regis | ter the following client: |
| Registrant Name: | | | |
| Address: | | · | |
| Phone: | | | |
| For the upcoming online- | only foreclosure | auction of the follo | owing subject property: |
| 201 Rosew | ood Dr., Phillipsk | ourg (Clay TWP), C | OH 45354 |
| 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 b | oidder for this auction, y | |
| 2) I must register my bidder with this scheduled auction end time (no ex | s form completed prior t ceptions). | to their registering online | no less than 48 hours prior to the |
| 3) No oral registrations will be accept | ted. Principals to the tra | nsaction are not eligible f | or fee. |
| THERE WILL BE NO | EXCEPTIONS TO | THESE MINIMAI | L 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 |