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:		Email:		
Real Estate License Number				
As a licensed real estate B	roker/Sales _]	person, I wish t	o register the following client	!:
Registrant Name:				
Address:				
Phone:		Email:		
For the upcoming online-o	only foreclos	sure auction of t	he following subject property	j:
32	22 N. Cherry	St., Bryan, OH	43506	
I understand and acknowledge:				
Agency is NOT in effect. By prop	erly registering y	your bidder for this	via a judicial sale process under Court Orauction, you are eligible to receive a Bugistrant be the successful bidder, pay for	ıyei
2) I must register my bidder with this scheduled auction end time (no exc		prior to their registeri	ng online no less than 48 hours prior to	the
3) No oral registrations will be accepted	ed. Principals to t	he transaction are not	eligible for fee.	
THERE WILL BE NO	EXCEPTION	S TO THESE MI	NIMAL REQUIREMENTS.	
In addition to my signature belo have read, understand and ackno		_	y Registrant, indicating that they	
Referring Licensee Signature:			Date	
Registrant Signature:			Date	_
Private Selling Officer Acknowle	dgment	Date	SHERIFF	