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/Salesperson, I wish to register the fol	lowing client:
Registrant Name:		
Address:		
Phone:	Email:	
For the upcoming online-o	only foreclosure auction of the following sub	oject property:
7330 Cou	inty Road D, Delta (York TWP), OH 43515	
I understand and acknowledge:		
Agency is NOT in effect. By prop	the subject real property being offered via a judicial sale proce erly registering your bidder for this auction, you are eligib rant's *WINNING BID should my Registrant be the successf	ole to receive a Buye
2) I must register my bidder with this scheduled auction end time (no exc	form completed prior to their registering online no less than a septions).	48 hours prior to the
3) No oral registrations will be accepted	ed. Principals to the transaction are not eligible for fee.	
THERE WILL BE NO	EXCEPTIONS TO THESE MINIMAL REQUIR	EMENTS.
	w, please find the signature of my Registrant, indica owledge acceptance of the above.	iting that they
Referring Licensee Signature:	Date	
Registrant Signature:	Date	
Private Selling Officer Acknowle	dgment Date	SHERIFF