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 Broker/Sale	esperson, I wish to register the following	ıg client:
Registrant Name:		
Address:		
Phone:	Email:	
For the upcoming online-only foreclo	osure auction of the following subject p	roperty:
	County Road 109 ass TWP), Ohio 44804	
I understand and acknowledge:		
Agency is NOT in effect. By properly registering	property being offered via a judicial sale process unde g your bidder for this auction, you are eligible to re ING BID should my Registrant be the successful bidde	eceive a Buyer
2) I must register my bidder with this form completed scheduled auction end time (no exceptions).	d prior to their registering online no less than 48 hou	rs prior to the
3) No oral registrations will be accepted. Principals to	o the transaction are not eligible for fee.	
THERE WILL BE NO EXCEPTION	NS TO THESE MINIMAL REQUIREMEN	NTS.
In addition to my signature below, please find have read, understand and acknowledge acce	d the signature of my Registrant, indicating the eptance of the above.	at they
Referring Licensee Signature:	Date	
Registrant Signature:	Date	
Drivete Celling Officer Asknowledgment	Data	
Private Selling Officer Acknowledgment	Date	