Ohio Real Estate Auctions, LLC BUYER BROKER REGISTRATION FORM

Print this form and fax to 1.877.772.4217 or email to timlileauctioneer@gmail.com

Broker/Salesperson:		Agency:	
Address:			
Phone:	Email:		
Real Estate License Number			
As a licensed real estate	Broker/Salesper	son, I wish to register the following cli	ent:
Name:			
Address:			
For the upco	oming auction of	the following subject property:	
6522 Brookvi	lle Salem Ro	ad, Brookville, Ohio 45309	
		(10% will be added	d to this figure)*
I understand and acknowledge: 1) That my compensation will be based on 29 beyond this opening bid should my client be to		PENING BID recorded above PLUS 1% of any pay for and close on the transaction.	auction day advance
2) That I am required to either conduct a show whichever is available.	ing of the subject prop	perty for my client or accompany them to a scheo	duled open inspection
3) I must accompany my client to the auction online.	unless bidding online	e. If bidding online, I must register my client pri	or to their registering
4) Registration must take place a minimum of register your bidder prior to their online regis		e scheduled auction time (no exceptions). If bide	ding online, you must
5) No oral registrations will be accepted.			
Auctions LLC, and the Seller from any and a any actions or inactions or representations ma	all claims, costs or exact by me or in connect with O	hio Real Estate Auctions LLC or the Seller co	hich may arise out of
THERE WILL BE NO	EXCEPTIONS T	TO THESE BROKER REQUIREME	NTS.
In addition to my signature below, ple understand and acknowledge acceptar	_	ture of my client, indicating that they ha	ave read,
Broker or Salesperson Signature	Date	Client or Buyer Signature	Date
Authorized Auctioneer Acknowledgm	nent Date	OhioRealEstateAuctions	