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:			
Real Estate License Number			
		rson, I wish to register the following clie	
Name:	•		
Address:			
Phone:			
		tion of the following subject property:	
	5229 Ma	dison Road	
		i, Ohio 45227	
I understand and acknowledge: 1) That my compensation will be based on 1% of a close on the transaction.	my client's *W	INNING BID should my client be the successfu	l bidder, pay for and
2) That I am required to accompany my client to a	scheduled guid	led tour of the subject property.	
3) I must register my client prior to their registering	g online.		
4) Registration must take place a minimum of 48 h	ours prior to the	ne scheduled auction end time (no exceptions).	
5) No oral registrations will be accepted. Principal	s to the transac	ction are not eligible for fee.	
I am representing my client as Buyer, and not the Estate Auctions LLC, and the Seller from any and but of any actions or inactions or representations of A prospective bidder that has previously been in property will not be eligible as a client for any Broomers.	all claims, contact with (sts or expenses, including reasonable attorney's for connection with the sale of this property. Ohio Real Estate Auctions LLC or the Seller con	ee, which may arise
THERE WILL BE NO EXC	EPTIONS	TO THESE BROKER REQUIREMEN	NTS.
In addition to my signature below, please funderstand and acknowledge acceptance of	_	ature of my client, indicating that they ha	ve read,
Broker or Salesperson Signature	Date	Client or Buyer Signature	Date
Authorized Auctioneer Acknowledgment	Date	OhioRealEstateAuct	·